



**CARING
DADS™**

Intake: Response to Respect

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Caring Dads is a program devoted to ensuring the safety and well-being of some of our communities' most valuable children through working with fathers who have been abusive or neglectful towards their children or who have exposed their children to abuse to woman abuse. Men who attend the program are referred primarily from child safeguarding/protection and probation services. These fathers present with a range of concerning behaviours including child physical abuse, child neglect, child emotional abuse, exposure to domestic violence and, most often, combinations of these behaviours.

The development of Caring Dads, and other services for abusive fathers, has prompted ongoing discussion and debate about the appropriate relationship between child-centred fathering programs and domestic violence intervention. Respect, which is an association for domestic violence perpetrator programmes in the UK, has released a statement recommending that men not be accepted onto the Caring Dads programme if they have a history of domestic violence and have not addressed/ are not addressing this and that, more generally, that Caring Dads should not be offered as a stand-alone intervention.

Although we value and encourage ongoing debate about how domestic violence and fathering services can best work together to ensure the safety and well-being of women and children, we disagree with the assertion that intervention for women abuse must always precede appropriately targeted fathering intervention. We also recognize that making decisions about when to offer fathering intervention to men who have used domestic violence can be challenging. We therefore offer the following four guidelines relevant to intake into Caring Dads.

1. Due to the high rate of overlap between men's abuse of women and fathers' abuse of children, when working with high risk men as fathers it is necessary to address mothers' safety alongside children's safety and well-being. Such work does not replace interventions primarily addressing woman abuse.

As confirmed in numerous studies and reviews, men's perpetration of domestic violence and their abuse and neglect of children are highly overlapping problems. Moreover, the presence of domestic violence is associated with greater risk for severe, chronic and potentially lethal abuse of children. Recognizing this overlap, an integral and necessary part of child-centred father intervention is promoting respectful and non-abusive relationships with children's mothers. Setting aside issues of woman abuse to be dealt with by a separate domestic violence intervention program would be very misguided. Rather, programs for abusive fathers, such as Caring Dads, need to continually address men's use of violence against children's mothers alongside efforts to promote better father-child relationships.

This being said, Caring Dads has never been intended as a replacement for interventions primarily addressing woman abuse. For one, the range of woman abuse addressed in the program is restricted mostly to the context of co-parenting and omits important other aspects of control of women (e.g., sexual abuse). Moreover, we can envision ways Caring Dads might be substituted for domestic violence intervention in a way that deliberately undermines societal efforts to promote men's accountability for violence against women. To avoid this, it is necessary for services that primarily address woman abuse, child maltreatment and their combination work together and to promote free and open flow of referrals between services. Competition between these services is not in the best interests of victim safety nor of promoting accountability in perpetrators of abuse.

2. Good intervention starts with good assessment of men's appropriateness for service

There is a great deal of variation in the men and families identified as concerning for child maltreatment and/or child exposure to woman abuse. Problematic behaviour in fathers is identified by child safeguarding, criminal justice, family courts, child and family mental health, marital and family therapy and fathering programs. Women abuse is only sometimes the identifying problem and when identified, varies enormously, from repeated severe abuse to relatively isolated incidents of emotional or verbal coercion. Given this heterogeneity, we argue that blanket restrictions based on the basis of men's prior completion of domestic violence intervention (or on most any other single feature of men's situations) oversimplifies the complexity of situations presented by men and leads to misguided prescriptions for intervention. In the specific case of men who have abused their partners, to insist that all fathers be funnelled through domestic violence intervention prior to addressing parenting issues is neither realistic nor appropriate. In cases where the primary immediate risk is to children (e.g., consider a father who has been separated from the partner he abused for two years, is having very limited, non-abusive contact with his former partner and is using physical abuse to gain compliance from his children during visits), this restriction may, in fact, be dangerously short-sighted.

The alternate is to complete a good assessment of the circumstance of men, women, and children to determine the best timing of both parenting and domestic violence intervention (and other potential interventions). This assessment must include a thorough review of the severity, nature and pattern of men's violence and abuse, the safety provisions currently in place, the immediate safety needs of all of the victims of men's abuse, perpetrator accountability and the ability to engage men in service. Some of the questions that need to be considered include: (1) How severe and pervasive is men's violence towards his partner? Children? (2) Who is currently most vulnerable to men's abuse? (3) What protections are currently in place to protect against victimization are how effective are they? (4) Where can we develop the most motivation to change? / In what service can we successfully engage men so that his risk can be monitored? (5) Are there potential iatrogenic effects of men's involvement and, if so, how will we guard against them?; and (6) Who is holding men accountable for their abuse (i.e., probation, justice, child protection) and how can we best work with them to monitor and promote change? In some cases, the answers to these questions suggest that men should complete domestic violence intervention prior to Caring Dads. In others, Caring Dads is the most appropriate starting point for intervention. Men who pose very high levels of risk to their partner and children and who are still in contact with both (father-child contact is another criteria for Caring Dads eligibility), need the most intense service that we can provide and should likely complete both a program targeting woman abuse and Caring Dads. As one of the pioneering programs targeting the fathering of men who have been abusive in their families, we continue to develop and refine our assessment strategies over time and we welcome constructive debate to improve service.

3. It is important for high risk men to be involved in a service that will assess, monitor and respond to the risk that he poses to his partner and/or children.

One of the primary reasons that we developed Caring Dads was to fill a gap in services that existed in our community. We have well-developed interventions for men who have perpetrated abuse against women. We also have strength in child safeguarding. However, neither of these services was addressing high-risk men as fathers. With a family court system that continued to move towards joint custody as a norm, more and more of our community's children were having supervised and unsupervised contact with fathers who had abused or neglected them or exposed them to abuse of their mothers and *no one was assessing, monitoring or working to reduce the risk these men posed to their children.*

We have come to see this lack of monitoring itself as a risk to women and children. Accordingly, we are continuing to work within our communities to ensure that, in all cases, high risk fathers are involved in some service (be that Caring Dads, intervention for domestic violence or other appropriate treatment) that includes monitoring and responding to changes in risk that men pose as part of the treatment mandate. It is our position that having high-risk men involved in a service than can monitor and respond to the risk he poses to victims is superior than having him be unmonitored either because he is deemed ineligible for intervention or because he has been placed on a waiting list.

4. We need to work together to develop the very best services that we can to help ensure that safety and well-being of victims of abuse.

Finally, we strongly believe that communities needs to work together to improve services to victims of abuse. None of our clients' (men, women or children) needs are met when those providing services with the same underlying aim of ending abuse are not communicating with each other and planning together.