Theory Manual

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May 2010

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INTRODUCTION

This manual describes the theory behind the *Caring Dads: Helping Fathers Value their Children* program for fathers who have maltreated their children, exposed them to abuse of their mother, or are at high-risk for these behaviours. The rationale for developing and offering a program such as Caring Dads is first reviewed. Following this, we consider the empirical evidence in support promising treatment targets and outline the principles that guide Caring Dads implementation. Subsequent sections provide a more detailed discussion of the therapeutic techniques used and review essential details of program implementation. This manual should be read in conjunction with the manuals detailing the programme content, training, case management, assessment, evaluation, and mother contact.

SECTION 1: WHY FATHERS ARE AN ESSENTIAL TARGET OF INTERVENTION TO END CHILDREN'S EXPERIENCES OF VIOLENCE AND ABUSE WITHIN THE HOME

A. Incidence and Impact of Child Maltreatment

Children's experience of violence in their home is a critically important public health and human rights issue worldwide. In 2002, the World Health Organization published the first comprehensive global summary of the problem of family violence, concluding that child maltreatment is a substantial global problem (Krug et al., 2002). A follow-up report by the Secretary General for the United Nations in 2006 highlighted the high global incidence of family-perpetrated physical violence, deliberate neglect, child sexual abuse and homicide. National incidence studies of child maltreatment in developed nations and retrospective surveys of adults confirm high rates abuse. A major nationally representative NSPCC survey in 2000 found that, in the UK, serious maltreatment was experienced by 7% of respondents for physical abuse, 6% for emotional abuse, 6% for absence of care, 5% for absence of supervision, and 11% for sexual abuse involving contact. Rates are higher when intermediate maltreatment and behaviours that lead to a cause for concern are included, rising to 24% for physical abuse, 17% for absence of care, 20% for absence of supervision, and up to 34% for varying forms of emotional maltreatment. A small proportion of these maltreated children come under the protection of social care agencies. Between 2006 and 2007, 27,900 children were subject to a Child Protection Plan (25.2 per 10,000) in the UK and in the following year, there were 281 serious incidents recorded, relating to 189 deaths and 87 incidents of significant harm or injuries (Safeguarding Children, 2008).

Maltreatment has substantial implications for the children's health and well-being. Child abuse and neglect interfere with healthy child development and contribute to a range of negative psychological and physical health outcomes (MacMillian & Munn, 2001; Wekerle & Wolfe, 2003). Children who experience abuse and/or who are exposed to abuse of their mother are more likely to be diagnosed with a psychological disorder and to show difficulties with early attachment, emotional regulation, peer relationships, school adjustment, and pro-social behaviours (Evans, Davies & DiLillo, 2008; Kitzmann, Gavlord, Holt & Kenny, 2003; Wekerle & Wolfe, 2003; Wolfe, Crooks, Lee, McIntyre & Jaffe, 2003). During adolescence, child maltreatment raises the risk of numerous health-risk behaviours including smoking, substance use, early and promiscuous sexuality and substantially increases the risk for delinquency (Crooks et al., 2007; Wolfe et al., 2001). Child maltreatment and associated adverse childhood experiences also show a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998). Not surprisingly then, self-reported history of maltreatment is associated with significant and sustained losses in health-related quality of life (Afifi et al., 2007; Corso, Edwards, Fang & Mercy, 2008) and with premature mortality (Anda et al., 2009). There are also substantial economic costs associated with child maltreatment. In 1996, the National

Commission of Inquiry into the Prevention of Child Abuse estimated that the cost of child abuse to statutory and voluntary agencies in the UK was £1 billion per year.

B. Father-perpetrated Maltreatment

Although child maltreatment constitutes a significant problem in general, *father-perpetrated* child maltreatment deserves particular attention. In the UK, detailed data on the alleged perpetrator of maltreatment is seldom available. However, data from other developed nations suggest that fathers are at least as likely as mothers to maltreat their children. The second national Canadian Incidence Study of Reported Child Abuse shows that 60% of maltreatment substantiated by child protection agencies across Canada involved fathers (biological, stepmothers/common-law partners) and 56% involved mothers (numbers sum to over 100% because maltreatment can be substantiated against both parents). The prevalence of father-perpetrated maltreatment is even more apparent when single parent families (which make up 43% of families investigated) are excluded. Among children living in two-parent families, fathers are perpetrators in the majority of substantiated cases of physical abuse (67%), emotional abuse (56%) and exposure to domestic violence (88%) (Trocme et al., 2005). The prevalence of fathers as perpetrators of child maltreatment is also echoed in population surveys across North America (e.g., Straus & Gelles, 1990). The limited data available on maltreatment perpetration in the UK suggests that patterns may be similar. The NSPCC National survey (1996) reported that fathers were consistently less likely to be seen as offering closeness, support and good role models than were mothers, and a fifth of the sample reported being 'sometimes really afraid' of their fathers. NSPCC also reported that, in cases of physical abuse across single and two-parent families, mothers were identified as perpetrators 49% of the time and fathers 40% of the time.

In addition to frequency of father-perpetrated child maltreatment, data from many nations converge on the finding that fathers predominate as perpetrators of injury-causing and fatal child abuse (Brewster et al., 1998; Klevens et al., 2000). Canadian homicide data across 30 years consistently show that the majority of family-related child homicides are committed by fathers (Canadian Centre for Justice Statistics, 2006). Step-fathers, in particular, are proportionally over-represented as perpetrators of maltreatment and of child homicide (Daly & Wilson, 2000; Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001). Fathers are also more likely to be identified and substantiated for moderate-to-severe abuse and for repeated abuse incidents (Pittman & Buckley, 2006). In the US, these data on the frequency and severity of father-perpetrated maltreatment have led to the conclusion that "if prevention and treatment interventions for child maltreatment are targeted only to women, a large proportion of perpetrators will not benefit from these efforts." (p. iv, US Department of Health and Human Services, 2005).

A third reason it is essential to address violent fathers is their impact on effectiveness of intervention for other family members. There is emerging evidence to suggest that, when fathers' violence is unaddressed, intervention with children's mothers is less effective. For example, using data from a large randomized control trial of the impact of a home visitation program for preventing child maltreatment, Eckenrode et al. (2000) found that, although most families assigned to home visiting benefited with lower rates of subsequent child maltreatment, treatment impact was nullified when mothers experienced ongoing domestic violence. This moderation effect was robust; it was not impacted by violence severity nor mediated by mothers' involvement in intervention. Other studies have similarly found that, in the presence of fathers' violence (particularly domestic violence), children are more likely to require out-of-home placement and be re-referred to child protective services regardless of child protective intervention (English et al., 1999; English, Wingard, Marshall, Orme & Orme, 2000).

C. Potential Benefits of Intervening with Fathers

Despite the prevalence and impact of fathers as perpetrators of child maltreatment, efforts to understand and intervene to end child maltreatment have focused overwhelmingly on children's mothers, as documented in recent studies and reports written in the UK, Canada and the US (Brown et al., 2008; McKinnon, Davies & Rains, 2001; Mayer et al., 2003; Risley-Curtiss & Heffernan, 2003; Scourfield, 2003; Strega et al., 2008; Walmsley, 2009). Briefly, these studies find that mothers are held primarily responsible for child safety, and that fathers are mostly viewed as unimportant and irrelevant to child protection (McKinnon, Davies & Rain, 2001; Scourfield, 2003). For example, in a recent analysis of child protection practice, Strega et al. (2008) found that social workers considered fathers irrelevant to both mothers and children 50% of the time. The tendency to view fathers as irrelevant to child protection practice even extends to more severe cases. Cavanagh, Dobash and Dobash (2007) examined 26 fatal child abuse cases in which a child had been killed by a father and found that even when fathers had perpetrated serious assaults, they received minimal attention. All of these reports conclude with the importance of shifting culture within child protective services, and interventions more generally, to include fathers in assessing risk and in planning for child safety and well-being.

Following from this work, we see a number of important advantages to changing practice to better include fathers in efforts to enhance the safety and well-being of their children. Some of these reasons are listed below.

- **Benefits of a strong and healthy father-child relationship.** One reason to focus on fathers is the potential benefit of a healthy father-child relationship. Summarizing findings from 150 studies, Allen and Daly (2007) concluded that positive father involvement is associated with enhanced cognitive, social and emotional development among children. Among families at-risk for child maltreatment, father presence has been associated with lower levels of childhood aggression and depression, enhanced cognitive development and greater child perceived competence (Marshall, English & Stewart, 2001). In adolescence, having a positive relationship with a father protects against delinquency, early sexuality, drug and alcohol use, and other risk behaviours. Thus, if fathers can improve their relationships with their children, their children stand to benefit socially, cognitively, and emotionally.
- **Additional route to ending violence against women.** An appropriately targeted fathering intervention program will enhance intervention to end violence against women. There is an overlap of approximately 30% to 60% in men's physical abuse of children and abuse of children's mothers (Edleson, 1999). In addition to directly exposing children to violence against their mothers, domestically violent fathers use a variety of tactics that are abusive towards their spouses and emotionally harmful to their children. For example, abusive men may require children to monitor and report on their mother's behaviour, attempt to deliberately undermine the authority of children's mothers or may manipulate the child into seeing them as the best parent. Responsible fathering intervention programs appreciate connections between fathers' relationships with their children and men's behaviour towards their children's mothers, and recognize the need to directly address both. Thus, collaborative relationships between child protective services, women's advocacy and batterer intervention programs should thrive as a result of intervention that addresses the fathering of domestically violent men.
- **Support to children's mothers.** A related benefit concerns fair practice within child protection services. Current practice within child safeguarding services hold mothers as primarily responsible for children's well-being (e.g., Strega et al., 2008). This responsibility extends to fathers' relationships and behaviours with children. In fact, under current child protection practice, mothers who are victims of domestic violence are often directed to protect their children from their fathers (who they cannot protect themselves from) under the threat of having their children removed. Similar failure-to-

protect conditions are not used against fathers (Strega 2008). There are obvious problems with a model of service that holds mothers responsible for controlling the actions of children's fathers. Models of intervention that access fathers directly to address their risk are more appropriate, respectful and helpful to victimized mothers.

- **Emotional attachment between children and fathers.** Children who have been abused by their fathers, or who have been exposed to their fathers' abusing their mothers, have a wide range of reactions. Some children are anxious to end contact with children's mothers and fear that any continued contact will be unsafe for them and for their mothers (Cunningham & Baker, 2004; Mullender et al., 2002). Others want to continue to have a relationship with their father. In many cases, children describe longing for a safe and healthy father-child relationship. Children who have been maltreated have similarly varying perspectives, and often similar longings for a safe and close relationship with their fathers. In our work with men in Caring Dads, we have been struck by the intensity of men's descriptions of losing relationships with their fathers (mostly because he walked out of the family) and of their multiple efforts to try to re-established a connection as children, teens, and as adults. A program such as Caring Dads offers the opportunity to emphasize to fathers their importance in their children's lives, and to directly encourage them to commit to their children by ensuring they have safe and healthy contact.
- **Potential to mitigate risks posed by maternal addiction and poor mental health.** Fathers also have the potential to "step-up" to the role of primary or sole caregiver when children's mothers are unwilling or unable to care for their children. Although care must be taken to disentangle the effects of domestic violence on women's capacity to care for her children from the influence of other mental health and substance use problems, there are families where fathers are more capable than mothers of parenting. In our experience, these are most often cases where both parents have a history of addiction but where the father has managed to get clean but the mother has not. There are a number of published case studies now that highlight examples of fathers in the child protection service who have taken on primary child care responsibilities when mothers have been unable or unwilling to do so (Strega et al., 2009).
- **Modeling accountability, contributing to child healing.** Providing intervention to fathers also has the potential to increase paternal accountability and responsibility for past abusive and neglectful behaviour. Rather than simply removing fathers, intervention provides an opportunity for men to be accountable for their violence and to model taking responsibility for their children (Peled, 2000). To the extent that men are able to accept responsibility, they may play a powerful role in breaking the intergenerational transmission of violence.
- **Fathers who leave one family seldom end their involvement with children in general.** Abusive fathers may be prevented from interacting with a particular set of children, but these men typically become involved with other romantic partners and other children. The threat that these men may pose to children of subsequent partners is heightened because risk for violence perpetration is higher for stepfathers and other non-biologically related male caretakers than for biological fathers (Daly & Wilson, 2000; Radhakrishna et al., 2001). Thus, intervention while fathers are involved with one family might prevent men's abuse in a subsequent family.
- **Potential to monitor and contain fathers during follow-up from the child protection and justice systems.** Fathering intervention programs can also make observations about men's behaviour in group that might contribute to judgments about their parenting and about the risk they may pose to his children and his children's mothers. Following child protection or family court involvement for domestic violence or child maltreatment,

fathers may be in the position of having to demonstrate improved parenting prior to gaining unsupervised or additional access to their children. In many communities, there are few assessment or intervention resources available to help fathers reach this goal. As a result, "time without incident" is often inappropriately used as an indication of improvement. When fathers are deemed to be a risk to their children, fathering interventions allow for a period of monitoring, where fathers' relationships with their families are being consistently reviewed and documented and where indicators of progress, or lack of progress, can be provided to fathers and to other professionals involved with the family.

- **Opportunity to support fathers in deciding to, or in being ordered to, limit their contact with their children.** Although it would be ideal for all children to have positive and nurturing fathers, there are unfortunately cases where father-child contact may be detrimental. Making judgements about whether fathers should or should not have continued contact is not within the purview of the Caring Dads program. However, when there are converging concerns about fathers, an intervention program can contribute to helping fathers understand and cooperate with limits placed on their contact with their children.

D. Summary

In summary, our child safeguarding and child and family mental health systems often pay attention to fathers who have maltreated their children or exposed them to abuse of their mothers. There are numerous compelling reasons to shift practice. As should already be clear, however, our view of change *does not rest solely with fathers,* and the change we envision is *not merely the addition of another intervention program*. Rather, we envision a shift in practice towards meaningful consideration of fathers in ensuring that children, and often their mothers, are safe from men's abuse. As a part of that effort, an intervention program like the Caring Dads group to attempt to help men cease their abusive behaviour is a useful addition. However, even as we work to help individual men change, Caring Dads needs to contribute to cross-agency efforts to ensure that victims of abuse are safe. Men's change is only one route to success. Containment and supervision of the highest risk fathers, extended supervision and protection orders, and frank discussions with men about their need to take action to ensure that they are safe for their family members are also necessary. These latter aims require case management and the creation of working relationships between child protection, justice, batterer intervention and child and family social services. Caring Dads is also about being a catalyst for this change. In the next section, we consider both the general and specific system requirements the set a necessary context for Caring Dads.

SECTION 2: WHAT DO WE KNOW ABOUT THE SYSTEMS NECESSARY TO HELP KEEP CHILDREN SAFE FROM MALTREATMENT FROM THEIR FATHERS?

Caring Dads is premised on the view that safeguarding children goes well beyond offering an intervention program to fathers. If child safety is our primary goal, then it is necessary to expand conceptualization beyond the individual change required of fathers in treatment and to consider how children are protected (or not protected) from potential repeat maltreatment by their fathers by the larger intervention system. This perspective on collaboration is entirely consistent with the principles of the Working Together to Safeguard Children policies and guidance. Specifically, we share the view that for those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children. In the following section, we identify six specific areas of working together that are particularly important for keeping children safe from abusive fathers: attendance, compliance, coordinated case

management and containment, keeping the child in focus, and collaboration with domestic violence services.

A. Involvement and engagement in intervention

In order for treatment to have any potential to reduce men's risk of re-assault, fathers need to attend the program. Unfortunately, engaging and retaining men in parenting services has historically been extremely difficult (Raikes & Belllotti, 2006; Rimm-Kaufman & Zhang, 2005), and men report little interest in parenting interventions (Lengua et al., 1992). Engaging fathers from high risk families is especially difficult. It is therefore unsurprising that engaging fathers who have been abusive in their families is an especially daunting task. The population of abusive, neglectful and violent fathers targeted as clients for Caring Dads often do not identify problems with their parenting; instead they feel that they have been unfairly labelled and targeted by the system. For example, one former client of Caring Dads program explained that problems in his family resulted from his children's mother: "His mother's ruining it for us. She's envious…has him saying I'm an alcoholic, and now he won't come to work with me anymore". Another attributed blame to his child: "(my son) knows just what to say to get under people's skin" while another discounted his child's possible distress as manipulation: "They said he has an emotional problem but he doesn't. He's just lazy. He knows how to beat the system." Other fathers feel that their parenting is not abusive simply because it is significantly less abusive than what they experienced in their families of origin.

Engaging these unmotivated, at-risk fathers requires joint efforts of all professionals working within men's families. Case workers within social care need to begin to include fathers in their case conceptualization and planning and to engage fathers in child protection plans. Within the justice system, greater attention needs to be given to the fact that most men arrested for assaulting their intimate partners are also fathers, and have children who have been impacted by violence. Other sector professionals, as well, need to consider fathers as potential targets for change. There are further challenges to ensuring that men who are referred to the program arrive for an intake. Reminiscent of early batterer intervention programs, there is sometimes a fairly steep decline in numbers from referral to intake (e.g., Cadsky et al., 1996). Joint efforts are again required to ensure that fathers do not "fall through the cracks" and are successfully engaged in change efforts.

Guidance is available for working together to engage fathers. There are a variety of reports available with recommendations for improving fathers' engagement in services and examples of successful outreach efforts (e.g., Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, 2009, Raikes & Belllotti, 2006). There is also evidence that when at-risk fathers can be engaged in family-improvement efforts, the efficacy of all forms of intervention improve (Bagner & Eyerg, 2003; Palm & Fagan, 2008), again confirming that these joint efforts are worthwhile.

B. Compliance with intervention

A second area in which systems must work together to ensure child safety is in response to fathers who fail to comply with intervention. There is now a convincing body of literature from studies of batterer intervention that men's compliance with attendance requirements is an important predictor of re-assault. Estimates across studies suggest that there is about a 20% change in risk for re-assault associated with dropout from batterer programs. In other words, men who fail to complete are about 20% more likely to re-assault their partners (Bennett, Stoops, Call & Flett, 2007; Gondolf, 2001). Moreover, failure to comply with intervention is one of the best predictors of future assault currently available. Studies of repeat incidents of child maltreatment have also identified parent cooperation as an important predictor of recidivism (Baird, 1988; English & Marshall & Orme, 1999). Coohey and Zhang (2006), for example,

reviewed files of 228 families involved with child protective services for supervisory neglect of their children. She found a positive relationship between fathers' taking responsibility for abuse and lower risk for recurrence. In combination from more general results from literature on child protection and batterer intervention suggests, these results confirm that systems designed to keep children safe from men's abuse will need to be able to monitor men's compliance with intervention and be responsive to men's failures to comply.

C. Coordinated Case Management in Response to Unchanging or Rising Risk

Currently, one of the most common recommendations for increasing the safety of child and women victims of violence is increased communication and coordination across agencies (Allen, 2006; Douglas & Cunningham, 2008; Pennington-Zoellner, 2009). Such communication has been found to be critical for monitoring, sharing and responding to increasing levels of risk to potential victims of abuse. The Working Together legislation aligns with recommendations for coordinated case management and further, provides a framework for joint work in strategy discussions and child protection conferences. Unfortunately, despite intervention, some fathers will pose unchanged risk to their children. For others, risk might increase during the course of intervention due to individual circumstances (e.g. becoming depressed) or family circumstances (e.g. separation, birth of a new child). To protect the potential victims of these fathers, it might be necessary to work together to contain the opportunity of perpetrators to offend by legally removing parenting rights and placing children with new caregivers, issuing restraining orders to prevent contact, or requiring that perpetrators serve a period of imprisonment.

There is preliminary, but growing, empirical evidence from across fields that coordinated practice to contain risk is a successful intervention strategy. Bringing a child into care is considered an intervention of last resort within child protection, and only a small percentage of children investigated by child welfare are removed from their home. These children have almost always been victims of repeated and chronic maltreatment. There is evidence that, among these severely maltreated children, containment of parents' capacity to maltreat is often associated with the best long-term outcomes. Forrester and Harwin (2008), for example, compared the outcomes of a large sample of children coming into care due to concerns about their parent(s)' use of substances. At a two-year follow-up point, children who remained at home had suffered significant harm more often and were more likely to show continued problems than children who were removed from their parents' care. Similar conclusions were reached by Sinclair et al. (2005) and Harwin et al. (2003) both of whom found that children who were taken into care tended to make good progress physically and psychologically, unless they were returned home.

In the study of batterer intervention, similar conclusions are being reached about the importance of containing the highest risk offenders. In this field, it has been found that there is a small proportion of offenders (between 15 and 20%) who perpetrate violence frequency and who are most likely to cause the most severe injuries to their partners (Klein & Tobin, 2008; Gondolf, 2001). Recognition of this small subgroup of batterers has prompted efforts to better identify these highest risk offenders so that they can be incapacitated. There is also some indirect evidence that, when offenders are incapacitated with swift and sure penalties for failing to comply with court orders, rates of violence recidivism go down (Gondolf, 2001).

D. Keeping the child in focus

Keeping the child in focus is a fourth specific need for inter-agency practice when working with maltreating fathers. Understanding and considering the child's perspective is a core commitment of the Working Together legislation. Specifically, local authorities need to ascertain the child's wishes and feelings and give due regard to their age and understanding when determining what (if any) services to provide. The need to consider children's perspective is also necessary with intervening with fathers. Interventions for offenders typically have, as one focus, offender accountability and restitution for their behaviour. Although an important aspect of

offender treatment, such treatment seems to invariably lead to consideration of reconciliation with the victim, and to the potential for service to drift towards meeting fathers' needs, rather than children's. This tendency to focus on the perspectives of adults is made even more complicated by the fact that men's children are sometimes court-ordered to have some level of voluntary or involuntary contact with their fathers and all too often are the lynch pin of the family's living situation. A recent referral to Caring Dads provides an example. The precipitating incident was the father's physical assault of his teenaged step-son. Following this incident, the teen moved in with a relative because he did not want further contact with his stepfather. Unsurprisingly, a goal of the stepfather in attending Caring Dads was to get his stepson to move back into the home. A significant case management issue then became the amount of pressure that could potentially be placed on the teen to forgive his father so that family living arrangements could be restored. Professionals working with fathers and with other family members must work together to anticipate such situations and ensure that the wishes and needs of children, and not adults, remain the focus.

The commitment to maintain focus on children and children needs is supported, in part, based on empirical data on the treatment of trauma. A primary need of children who have been maltreated is a sense of physical and emotional safety in their current surroundings and relationships (Bancroft & Silverman, 2002). This is an element of all trauma treatments, and it is thought to be necessary for providing a framework in which children can heal (Herman, 1992; van der Kolk & McFarlane, 1996). Practically, this means, first and foremost, that abusive fathers need to stop abusing their children. It is only when fathers are able to provide a consistently nonabusive environment that children's sense of emotional security can be rebuilt. A second critical element is empowering the victim to make choices about forgiveness and reconciliation (Freedman, 1998). Children need to be given some choices about contact with a parent who has abused them and about whether and when past abuse may be discussed. Thus, the final component of ensuring child safety is to work with fathers, referral agents and sometimes other professionals in the system to ensure that children are empowered to contribute to decisions about level of contact with their fathers and have their fathers disengage from their often intense efforts to reunite the family as fast as possible.

E. Appreciating the overlap between child maltreatment and domestic violence

A final requirement for effective interventions with fathers who have maltreated their children is strong collaboration and partnership with professionals working to end domestic violence. Children's exposure to domestic violence is, independent of other maltreatment, harmful to child development and is classified as a reason for child protection in some jurisdictions (Minnesota in the US, Ontario in Canada). Three past meta-analytic studies on the impact of child exposure to domestic violence have confirmed that domestic violence impacts children's emotional and behavioural problems (Evans, Davies & DiLillo, 2008; Kitzmann, Gavlord, Holt & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre & Jaffe, 2003). Moreover, the effects of abuse become more profound with each additional form of violence experienced by the children (Felitti et al., 1998).

Men's perpetration of domestic violence is also a consistent correlate of father-child maltreatment. In both clinical and non-clinical populations, men's abuse of their intimate partners has been shown to overlap significantly with their perpetration of child physical abuse, with a co-occurrence in the range of 30% to 60% (Edleson, 1999). In our past studies of clients referred to Caring Dads, we have documented even higher rates of overlap. In semi-structured interviews of 45 men referred to Caring Dads over a one-year period we found that, although men were primarily referred for physical or emotional abuse, the ability of men to maintain a respectful and non-abusive relationship with their children's mothers was a key problem in 80% of cases (Scott & Crooks, 2007).

Children who are both direct victims of abuse or neglect and witnesses of domestic violence are especially vulnerable to poor outcomes, and are recognized by the Working Together initiative as a group with complex needs requiring even greater joint intervention. Studies have shown that domestic violence is related to the severity of abuse children are likely to experience and the intrusiveness of intervention necessary for protection (Dixon et al., 2007; Coohey & Zhang, 2006). Domestic violence has been implicated as a risk factor for fatal father-perpetrated child maltreatment (Cavanagh et al., 2007; Yampolskaya & Greenbaum, 2009). Due to the overlapping nature of child maltreatment and domestic violence, partnerships are required with domestic violence intervention services for both men and women. For men, such partnerships address questions such as: When a father has perpetrated both child abuse and domestic violence, which treatment program should he be referred to first? How should referrals flow between the domestic violence and Caring Dads programs? Other dilemmas arise from the changing situation in the home. A fairly common situation is that of a formerly abusive, domestically violent and authoritative father who begins to move away from a harsh position with the children. In such cases, the children frequently begin to act out and the mother, whose authority has been eroded over time, is unable to enforce household routines and structures. Collaborative case work is necessary in such cases to ensure that mothers in this situation are given time for their own change and are not judged as incompetent parents relative to fathers, who are now sometimes (and often inappropriately) viewed as stellar examples of treatment success.

F. Summary

It is clear that protection of the safety and well-being of children requires working together. Within the broader context of joint practice, there are specific areas of intervention with abusive fathers, identifiable in review of the literature, that are likely to place a high demand on collaborative practice. In the organization of intervention for maltreating fathers, it is critical to have partnerships with child services and intervention services for abused mothers. Once potential clients are identified, collaborative practice will likely be necessary for successful referral and for ensuring men's compliance with intervention. Coordinated case management will also be necessary to contain fathers who fail to make progress during intervention and/or who continue to present a risk to their children.

SECTION 3: WHAT DO WE KNOW ABOUT PROMISING INDIVIDUAL TREATMENT OUTCOMES NECESSARY TO HELP KEEP CHILDREN SAFE FROM ABUSE FROM THEIR FATHERS?

In this section, we review the empirical evidence on treatment targets relevant to men's abuse of children and children's mothers. Over the past three decades, there has been incredible growth in research on the predictors of mother's abuse and neglect of children, and on the effect of children's exposure to their fathers' abuse of their mothers. However, there is relatively little research available on the characteristics and treatment needs of fathers who have physically or emotionally abused or neglected their children, and limited research on fathering among populations of men who batter their intimate partners. Necessarily then, the current review of literature draws heavily on studies of related populations – specifically, empirically supported treatment needs of mothers who have maltreated their children and criminogenic needs of men who have abused their intimate partners. Fortunately, there is some significant overlap in core risk factors emerging from these literatures. In the following section, we present evidence for seven treatment targets that we consider most promising for intervention with a population of maltreating fathers.

A. Anger/hostility/over-reactivity

The role of anger in child maltreatment has been consistently supported in meta-analytic studies and reviews of the predictors of child maltreatment (Black, Slep & Heyman, 2001; Black, Heyman & Slep, 2001; Stith et al., 2009). In a meta-analytic review of over 150 studies of risk factors for maltreatment, Stith et al. (2009) found that anger/hostility was among the three strongest predictors of child maltreatment currently available. Researchers believe that high levels of anger and negative arousal, when combined with negative beliefs and interpretations, interfere with rational problem solving and information processing (Slep & O'Leary, 2001) and lead to aggressive cognitions and impulses (Mammen et al., 2002).

Elevations in generalized anger and hostility are also implicated as a risk factor in men's perpetration of domestic violence (Schumacher, Feldbau-Kohn, Slep & Heyman, 2001). On the basis of meta-analytic findings that elevated levels of anger and hostility consistently distinguished intimately violent men from non-intimately violent men in both relationship-discordant and non-discordant partnerships, Norlander and Eckhardt (2005) suggested that elevated anger and hostility are *distinguishing characteristics* of batters. Recently published studies continue to find that anger is a strong and direct predictor of men's violence towards his intimate partner (O'Leary et al., 2007), that it interacts with alcohol use to predict violence over time (Schumacher et al., 2008) and is associated with higher program attrition, re-arrest and violence rates following treatment (Eckhardt, Samper & Murphy, 2008; Murphy, Taft, Eckhardt, 2007).

Anger and hostility have been examined in a few studies of risk factors for fathers' abuse of children. Francis and Wolfe (2007) compared 24 abusive and 25 nonabusive fathers and found that abusive fathers reported experiencing higher levels of anger and hostility and were more likely than the non-abusive fathers to express their anger through verbally or physically aggressive behaviour. Group differences were robust; approximately half of abusive fathers reported clinically significant levels of trait anger and outward expression of anger as compared to less than a quarter of non-abusive comparison fathers. Other studies indirectly support elevated anger among abusive fathers. For example, in Cavanagh, Dobash & Dobash (2007)'s review of 26 cases of fatal child abuse perpetrated by fathers, they found that "low tolerance" for child behaviour was often an antecedent of the fatal assault.

B. Family cohesion / coparenting / domestic violence

A second consistent risk factor for child maltreatment is the presence of high levels of family conflict. In Stith's (2009) meta-analysis of the predictors of (primarily mothers') maltreatment of their children, each of the constructs high family conflict, low family cohesion and domestic violence were among the strongest predictors of child physical abuse. These variables have also been studied with fathers. In an early, carefully controlled case-control study, Perry, Wells and Doran (1983) found that a key difference between abusive and non-abusive fathers was their perception of family cohesion. Abusive fathers reported lower family cohesion and greater levels of conflict. Following up on this work, Schaeffer et al (2005) found that low family cohesion, expressiveness and high levels of family conflict predicted men's child abuse potential in a sample of military fathers. Pittman & Buckley (2006) similarly found that, compared to abusive mothers, abusive fathers perceived less family cohesion, less expressiveness in the family and less family organization, suggesting that family climate may play an even more important role as a risk factor for fathers than for mothers.

Within the literature on family cohesion, co-parenting has been identified as the specific aspect of family functioning that is most important to understanding risk to children. Numerous studies have found that coparenting mediates the relationship between martial quality and parenting practices (Davies, Struge-Apple & Cummings, 2004; Morrill, Hines, Mahmood & Cardova, 2010), such that coparenting alliance and not marital quality is most strongly related to poor parenting. Quality of coparenting is also an important predictor of child outcomes (Feinberg, Kan, and Hetherington, 2007). For example, using a community sample of fathers

characterized by marital violence, Katz and Low (2007) found that co-parenting contributed to the prediction of children's adjustment even when marital violence was controlled for. Together, these studies suggest that reducing hostility on co-parental relationship is an important target of treatment of fathers.

A second necessary treatment target is men's perpetration of violence against children's mothers. Exposure to domestic violence, in and of itself, is a significant risk to child emotional and behavioural health and well-being (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003). Moreover, as already reviewed, there is a high rate of overlap in men's perpetration of maltreatment against children and children's mothers (Edleson, 1999). Finally, cases of child maltreatment with co-occurring domestic violence tend to result in more serious and longer term harm to children (Cavanagh et al., 2007; English, Edleson & Herrick, 2005).

C. Perceptions of the child as a problem

A third factor for which there is converging evidence of risk is negative beliefs and attributions. In review of the literature, both Stith (2009) and Black et al. (2001) concluded that mothers who view their children as problematic and as intentionally engaging in negative behaviours are at considerably greater risk for maltreatment. Perhaps the most intriguing research in this area has been done by Bugental and her colleagues. Using a combination of parent-child interaction and computer simulation standardize child responses, they found that mothers who attribute greater power/blame to their children for the outcome of interactions are more reactive to perceived child misbehaviour, use more punitive force and are more likely to be abusive (Bugental et al., 1989; 1996, 1999a, 1999b, 2002).

Similar findings are present in the literature on predictors of battering (Wallach & Sela, 2008). In a review of the literature on predictors of male-to-female intimate partner violence, Schumacher et al. (2001) identified negative attributions as an important contributor to violence. In support of this contention, studies have fairly consistently found that abusive men attribute more negative intentions, selfish motivations and blame to their partners than non-abusive men (Holtzworth-Munroe & Hutchinson, 1993; Jin, Eagle & Keat, 2008; Tonizzo, Howells, Day, Reidpat & Froyland, 2000). For example, Eckhardt and colleagues (1998) have shown that, in response to anger-arousing scenarios, violent men articulate more belligerence and greater hostile attribution biases than non-violent men.

There are a handful of studies that provide indirect support for the importance of perceptions of the child as a risk factor for father-child maltreatment. In the three studies that have examined parenting stress as a potential risk factor for men's abuse (Francis & Wolfe, 2008; Lee et al., 2008; Schaeffer et al., 2005), all have found positive associations between men's abuse and their self-reported stress on the Parenting Stress Index (PSI). Perceived difficulty of the child is an important component of this scale, and as discussed by Francis and Wolfe (2008), it is possible that fathers' elevated scores on these items represent distortions in expectations of children. On a similar vein, Perry and her colleagues (1983) found that expectations of abusive fathers for their children's development were more discrepant from norms than those of control fathers, and suggested that these distorted expectations may have contributed to men's perceptions of their children as problematic. Finally, Cavanagh, Dobash & Dobash (2007) found that low tolerance for normal child behaviour was often an antecedent of fatal father-child assault.

D. Use of corporal punishment and other aversive behaviours

Theoretical models of the development of child abuse suggest a cyclical process by which negative child behaviour is followed by harsh and ineffective parenting repeatedly over time with both child behaviour problems and harshness of parents' responses continually increasing (Wolfe, 1999). Consistent with these development models, studies have found that lower-level negative parenting behaviours predict abuse. Specific attention has been paid to two

main behaviours. The first is parents' use of corporal punishment. Among mothers, use of corporal punishment is a strong predictor of physical abuse (see meta-analysis by Stith et al., 2009). The second is negativity in observations of parent-child interactions. Literature in this area was recently reviewed by Wilson, Rack, Shi and Norris (2008) who concluded that abusive parents engaged in significantly more aversive behaviours towards their children than non-abusive parents and that the effect size difference between the groups was medium in size.

Once again, these findings are echoed in the literature on battering which shows that physical abuse is strongly predicted by lower severity aversive behaviours such as emotional and verbal abuse. For example, in review of the literature on predictors of men's IPV, Schumacher et al. (2001) concluded that psychological aggression is a consistent risk factor for men's violence with effects ranging from medium to large. Recent modelling studies have also continued to find strong and direct associations between men's verbal abuse and violence perpetration (O'Leary et al., 2007).

Few studies have examined the relationship between men's aversiveness to their children and father-perpetrated abuse, and those that have been published have inconsistent results. Silber et al. (1993) compared abuse and non-abusive fathers in interaction and found that abusive fathers directed more averse behaviours, control and criticism toward their children than did non-abusive fathers. Whipple and Webster-Stratton (1991) failed to find differences, though similar observational protocols were used. There are no recent observational studies of fathers who have maltreated their children or used violence against their children's mothers.

E. Quality of parent-child relationships

Parallel to the research on aversiveness, having a positive and involved parent-child relationship has been shown to protect against maltreatment in the mother-child relationship. The quality of the parent-child relationship has most often been assessed by observation, interview or q-sort methodology. Across methods, a significant negative association between the quality of parent-child relationship and maltreatment has been found (Stith et al., 2009; Wilson et al., 2001). Wilson's meta-analysis of observational studies comparing abusive and non-abusive parents (the vast majority of whom were mothers) sheds more light on the specific nature of positive parent-child relationships. He examined the specific constructs of positivity and involvement. Both were protective against maltreatment with effect sizes in the medium to large range (.53 minimum to .62 maximum) such that non-maltreating parents on average are between one-half and two-thirds of a standard deviation higher than maltreating parents in terms of displaying involvement during parent–child interactions.

A handful of studies have examined positivity in the father-child relationship and its protection against abuse. Lee, Guterman and Yookyong (2008) found that, among White fathers, higher levels of father-child involvement predicted lower levels of spanking. Other studies have found that abusive and non-abusive fathers can be distinguished on measures relevant to their ability to emotionally attune to their children. Using a sample of mothers and fathers, Perez-Albeniz and de Paul (2004) found that abuse potential was related to low levels of parent empathy for their children. Francis and Wolfe (2008) reported that, compared to non-abusive fathers, abusive fathers were less likely to try to consider their child's perspective, felt less empathetic concern and were poorer at accurately recognizing children's emotions. Finally, English et al. (2005) found that in families where there was domestic violence, re-referral to child protection for maltreatment was uniquely predicted by positive aspects of the father-child relationship, specifically fathers' nurturance, acceptance and protection.

F. Self-centeredness

Another construct that is likely important to understanding fathers' risk of maltreating their children is men's self-centeredness. For all parents, one of the key tasks of parenting is recognizing and prioritizing needs within the parent-child relationship. The process of identifying

and weighing parent and child needs relative to each other closely resembles that of a balancing act, whereby the needs of the child and the needs of the parent must be constantly considered. When children are young, and highly dependent, parents must meet all of their needs for physical and emotional resources. In order to meet these needs, the parent must often put aside their own needs, for things such as sleep and private time, resulting in an uneven balance that favours the child. Parenting young children therefore requires a relatively unique element of altruism, necessary for the healthy development of children. For many new parents, the level of unselfish concern required for the optimal care of their children represents a level of selflessness not previously required of them. As such, altruistic parenting may represent a developmental challenge for new parents, whereby adaptation to a new set of parameters and roles is required for the development of healthy parent-child relationships. As the child grows, the balance between parent and child needs begins to shift towards greater equilibrium and parents are afforded more discretion in terms of how needs within the relationship are prioritized, or weighed, relative to each other. Nonetheless, the resources and position of the parent relative to his child continue to require parental balancing to ensure that the child's needs are being met, even as the child becomes physically self-sufficient.

Past descriptive work by Scott and Crooks (2004, 2007) and Bancroft and Silverman (2002) has suggested that maltreating fathers may be particularly challenged to shift towards adequate recognition and prioritization of children's needs for love, respect, and autonomy and that this inability to prioritize needs is primary to their maltreatment of children. Rather, abusive fathers have an egoistic orientation to parenting (Wiehe, 2003), whereby parents see their children as extensions of themselves, or of their own experiences and where parenting is organized around the parent's needs (Newberger & White, 1989). This suggestion is consistent with parallel research in the domestic violence literature, where it has been found that men who abuse their intimate partners are characterized by an over-sensitivity to rejection, a high need for control, a narcissistic sense of self-importance, and feelings of entitlement (Dutton, 1996, 1998). Research has also suggested that abusive men tend to believe that they deserve unconditional love and respect from their families and when such treatment is not forthcoming they tend to feel victimized and justified in avenging these slights (Francis & Wolfe, 2008).

G. Misuse of Substances

A final risk factor for child maltreatment with strong empirical support is parental misuse of substances. Mothers' use of substances has been shown to co-vary with child maltreatment in a number of studies and meta-analyses (Stith et al., 2009, Young, Boles & Otero, 2007), though others have found that the predictive value of substance use is substantially reduced when other risk factors are accounted for (e.g., Thompson & Wiley, 2009). There is no such equivocation, however, in the literature on fathers. For men, the relationship between substance use and violence, both against a partner and against children, appears to be very robust.

Alcohol problems are one of the most well-established risk factors for physical intimate partner violence. In a 2008 meta-analytic review of this literature, Foran & O'Leary concluded that there was a small to moderate effect of alcohol use on male-to-female violence and that this effect was stronger for clinical populations. Other supportive evidence comes from a thought-provoking study on alcohol availability. McKinney, Caetano, Harris & Ebama (2009) linked data from a national population-based survey of violence to alcohol outlet and census data and found a direct association between the number of alcohol outlets and the frequency of intimate partner violence. Specifically, they reported that an increase of 10 alcohol outlets per 10,000 persons was associated with 34% increased risk of male-to-female partner violence and that this relationship was even stronger among couple reporting alcohol-related problems. Although there widespread agreement that alcohol use does not *cause* violence (not all alcoholics are violent), studies have convincingly shown that use of alcohol significantly increases the likelihood of violence especially among clinical populations. In one of the first studies in this

area, Fals-Stewart, Golden and Schumacher (2003) carefully tracked both alcohol use and violence over time. They found that the likelihood of male-to-female physical aggression was significantly higher on days of substance use than on days with no substance use. More recently, Mignone, Klostermann & Chen (2009) reported that in longitudinal follow-up of batterers leaving an alcohol treatment program, men who relapsed to alcohol were much more likely to relapse to physical aggression. Finally, Jones and Gondolf (2001) found that drunkenness was the most influential risk marker for reassault among a large sample of batterers followed over time.

Although there are fewer studies on men's use of substances and their maltreatment of children, studies that are available appear to echo the findings from the literature on battering. Francis and Wolfe (2008) and Famularo, Stone, Barnum & Wharton (1986) both found that a significantly higher percentage of abusive fathers (47.6%) than non-abusive fathers (8.3%) reported problematic alcohol use. In Cavanagh, Dobash & Dobash (2007)'s review of fatal child abuse cases, they found that 36% of fathers had problems with abuse of alcohol. There is also evidence for an ongoing association of substance use and repeat maltreatment. In Coohey and Zhang (2006)'s examination of cases of supervisory neglect, they found that cases of chronic supervisory neglect were partially predicted by men's having a substance abuse problem.

Summary

Review of the literature has identified seven promising treatment targets for reducing risk for abuse among abusive fathers. Identified needs concern both men's relationships with their children and with their children's mothers. Although each of these factors can be supported by empirical research on mother-child maltreatment and from research on men who have abused their intimate partners, there has been little research specifically examining fathers. Longitudinal studies of change are still required to confirm and clarify mechanisms of change in fathers' maltreatment of children. Nevertheless, each hold promise as targets for intervention for fathers who have maltreated their children.

SECTION 4: DEVELOPING AN INTERVENTION PROGRAM FOR FATHERS WHO HAVE BEEN ABUSIVE IN THEIR FAMILIES.

A. History

The Caring Dads program began in early 2000 as a result of shared concerns about gaps in services to fathers. We began by bringing together a working group of individuals from child protection, women's advocacy, probation and justice services, children's mental health centres and family courts, batterer intervention and from two universities. Each member of our group had immediate concerns about current practice. Women's advocates expressed concerns that, as in other communities, fathers who had been abusive towards their children or their children's mothers were increasingly being granted substantial co-parenting rights. No one was intervening with fathers to end their ongoing psychological coercion of women following such arrangements, or while custody and access decisions were being made. Both the batterer intervention program and the child mental health service representatives noted that abusive fathers were accessing their services more frequently and were concerned about a poor match between the service provided and fathers' needs. The batterer program addressed fathers' relationships with children's mothers and the effects of witnessing violence, but did not directly address father's parenting. The needs and perspectives of these abusive fathers tended to overwhelm general parenting education programs and leaders were concerned that men's core risks for abuse were not being addressed. Probation services reported that men who had assaulted their intimate partners were often being ordered to attend a parenting program, but that none of the available programs addressed men's abuse-related needs. Finally, those from

child safeguarding services expressed motivation to involve fathers more closely in their case formulation if there was a way to address risks that men posed to children.

To address these concerns, we deemed it necessary to create a new program. Thus began the development of the Caring Dads: Helping Fathers Value their Children intervention program. The lead developer of the program was Dr. Katreena Scott at OISE/University of Toronto, who worked in close collaboration with three other co-developers: Dr. Claire Crooks, Research Scientist at the Centre for Research on Violence Against Women and Children; Karen Francis, who was at the University of Western Ontario; and Tim Kelly, Executive Director of Changing Ways, London (Inc.). A working group from the Emerge batterer intervention agency in Boston became an early partner and also contributed to programming. Over the next few years, the Caring Dads program took shape. There was incredible community support. In addition to being on the Advisory Committee, key community leaders co-facilitated groups, ran intake interviews, provided feedback on final reports, and provided in-kind contributions of space and resources. In fact, the estimated in-kind contribution of these agencies to Advisory Committee activities over 1 year sums to 432 hours, or $22,968 of in kind contribution. The collaborative nature of program development, the contribution of individuals with many years of experience and considerable expertise, and the university-community partnership at the heart of this program, instils some confidence that *Caring Dads* is based on our best thinking to date on how to intervene with abusive fathers.

This section of the manual covers information relevant to intervention theory and goals that direct Caring Dads' work with fathers, mothers and with the broader system of intervention. This part of the manual is divided into three sections. In the first section, we discuss the intervention group program for fathers. We provide a brief description of the content and activities of group and then review the intervention theory that guides work during that section. In the second and third sections, we repeat this process for the mother contact and coordinated case management components of the program.

B. Overview of the Caring Dads group intervention for fathers

The most salient component of the Caring Dads program is a group intervention for fathers who have physically or emotionally abused or endangered their children, neglected their children, have perpetrated abuse against children's mothers or are deemed at high-risk for engaging in these behaviours. Referrals for the program ideally come from social care as part of a child safeguarding plan, though fathers may also be referred directly from police or courts, from the IDAP program or through other services so long as there is some direct involvement of the child with social services. *Caring Dads* groups are organized into 17 two-hour group sessions. Groups are co-facilitated by a male and female co-facilitator with knowledge and experience in intervention with men, child protection, child development, and woman's advocacy (see program manual). Following recommendations for group therapy (Stewart, Usher & Allenby, 2009), there are about 12 men enrolled in each group.

The basic modules of the Caring Dads group program are briefly described as follows (they are outlined greater detail in the program manual):

- **Module 1: To develop sufficient trust and motivation to engage men in the process of examining their fathering**. Most of the fathers referred to Caring Dads see few or no problems with their parenting and have a tendency to blame the system, their children or their children's mothers for their referral. Thus, a first therapeutic goal is to develop trust and engagement so that men can be challenged. Suggested exercises use motivational interviewing strategies to develop men's motivation. Men are encouraged to explore difference, and the potential for difference, between their current fathering, the fathering they experienced as children, and their goals and ideals for their relationships with their children. Counsellors remain flexible to having men voice their concerns about attending group and work towards building a sense of trust and group cohesion.

- **Module 2: To increase men's awareness and application of child-centred fathering.** Focus is next placed on men's awareness of 'child-centred' fathering. Using a combination of psychoeducational and behavioural interventions (e.g., modelling, directed practice, assignment of homework), men are taught skills for listening, praising, nurturing, considering child development, communicating with their children and for supporting their children's mothers. Men are continually encouraged to consider parenting choices along a continuum of meeting parent needs or child needs and are encouraged to rebalance their behaviours and priorities so that they are better able to meet children's needs (one of which is for a respectful and non-abusive treatment of mothers).
- **Module 3: To Increase men's awareness of, and responsibility for, abusive and neglectful fathering and their impact on children**. One of the important guiding philosophies to this section of the manual is that until men have stopped abuse and at least begun developing a trusting and positive relationship between themselves and their children and their children's mothers, there is nothing they can do as fathers to progress towards a healthier father-child relationship. With this in mind, a number of weeks are focused on challenging men to become aware of, and take responsibility for, their abusive and neglectful fathering behaviour and for the hostility that they express towards children and children's mothers. Cognitive behavioural therapeutic strategies are used to help identify and interrupt abuse-supporting thoughts and behaviours. Clear behavioural goals are set for each client and facilitators monitor men's progress in being able to apply concepts learned in group to behaviours with their children and families.
- **Module 4: Rebuilding trust with children and planning for the future**. By the end of the group, fathers sometimes feel that they have begun to interact differently with their children, but that their children, or their mothers, are not reciprocating. They may also feel that children's mothers or other individuals in their children's lives are not adequately rewarding the changes that they have made. Potential reasons that children may take some time to trust changes in men's fathering are discussed. The importance of consistency in non-abusive behaviour and in greater cooperation with other individuals and systems in their children's lives is emphasized. Honest and difficult conversations about 'the most the men can hope for' are also part of this section of the group as is planning for additional interventions or support that may be needed for men and their families.

The following table summarizes each module in terms of the key intervention strategies (Crooks et al., 2006) used in each module, the empirically-supported treatment needs and target outcomes. Details are provided in the narrative provided for each module.

Table 1. Summary of Intervention Strategies, Treatment Needs and Target Outcomes for each Caring Dads Module

Program Component	Intervention strategies	Treatment needs addressed	Target Outcomes
Caring Dads Module 1	Motivational interviewing Prosocial group processes	Engagement in examining fathering Compliance with intervention program	By the end of this module, fathers will: - commit to attending and complying with Caring Dads intervention - identify problems in their own behaviour in at least one relationship within the family

Caring Dads Module 2	Psychoeducation Behavioural skills training	Perceptions of the child as a problem Family cohesion/coparenting Self-centeredness Quality of parent-child relationships	By the end of this module, fathers will: - actively care for their children for a reasonable amount of time ("reasonable" will vary depending on fathers' living situation, but at minimum, fathers who live with their children will spend at least 30 minutes a day in direct interaction) - interact with their children in a child-centred manner (i.e., focus on child's choice of activities or discussion topics) - praise and positively reinforce their children - generate multiple possible explanations for child misbehaviour - anticipate and rehearse positive and non-abusive methods for dealing with child misbehaviour - avoid physical punishment, name-calling, overly rigid rules, and using other forms of harsh parenting - support children's relationships to their mothers (e.g., speak positively to children about their mother, model respectful treatment)
Caring Dads Module 3	Cognitive behavioural therapy	Anger/hostility/over-reactivity Domestic violence Use of corporal punishment and other aversive behaviours Self-centeredness	By the end of this module, fathers will: - respond to problems in family relationships in less anger, irritability and unpredictability - cooperate respectfully with children's mothers in making decisions about parenting - avoid degrading, manipulative, undermining and otherwise hurtful comments or behaviours to or about children's mothers - avoid behaviours that are emotionally or physically abusive, neglectful or otherwise hurtful to children - maintain safe use of substances (specifics will vary by client)
Caring Dads	Trauma theory	Keeping the focus on the child	By the end of this module, fathers will:

Module 4		Collaborative case management for containment	- identify specific impacts of their past abuse on children, children's mothers and on the mother-child relationship - hold realistic, child-centred expectations for their continued relationship

C. Module 1, Sessions 1-3: To develop sufficient trust and motivation to engage men in the process of examining their fathering

The first module of the Caring Dads program consists of an intake interview and three group sessions. The treatment outcomes expected for module 1 are for fathers to:

- commit to attending and complying with Caring Dads intervention
- identify problems in their own behaviour in at least one relationship within the family

As outlined in the review of literature, men identified by child protection, justice, or child care services as being abusive or neglectful are often quite resistant to any further involvement of professionals. These men generally view the program as a service for others, see the group goals as irrelevant to their situation, feel angry that others are asking them to change, and be distrustful of program leaders who they anticipate will blame them for problems. In other words, fathers who attend Caring Dads are generally precontemplative with respect to personal change (Prochaska & Diclemente, 1982). The idea of being precontemplative to change derives from the transtheoretical model of change (Prochaska, DiClemente & Norcross, 1992). Research on this model confirms that individuals vary in their perspectives on change, and that change attitudes predict outcome. Specifically, clients who do not see a need to change (labelled precontemplative) are less likely to do so in traditional intervention programs (Murphy & Baxter, 1997; Scott & Wolfe, 2003). For these precontemplative clients, the first intervention goal must be to develop motivation, or using the terms of the transtheoretical model, shift from the precontemplation to contemplation stage of change (i.e., acknowledging the desire and need to make some changes in behaviour) early in the intervention process.

Fortunately, there have been considerable advances in understanding of how to best promote a shift between the precontemplation and contemplation stages of change. Motivation interviewing (MI) (Miller & Rollnick, 2002) is a strategy of intervention designed to reduce dropout and improve outcomes among clients who are reluctant to attend treatment and/or change their behaviour. Therapists using MI focus on four primary intervention techniques: (a) expressing empathy; (b) developing discrepancies between clients' current behaviours and desired outcomes; (c) rolling with resistance (or avoiding confrontation); and (d) supporting self-efficacy for change. For facilitators of Caring Dads, motivational interviewing requires the development of a therapeutic stance that recognizes the duality of needing to both adopt a nonconfrontational, motivation-enhancing stance, as well as hold men accountable for abusive behaviour (Perel & Peled, 2008). At one level, professionals must recognize that an abusive man is someone who poses a significant threat to the children (and possibly women) in his life. From this perspective, themes of power and control need to be identified, monitored and confronted. At the same time, therapists must empathize with the individual, who usually understands his experience very differently. He may either see himself as a victim with minimal control over his children (Bugental, Blue & Cruzcosa, 1989), or conversely, he may take great pride in his parenting and view it as the one thing he does well (Perel & Peled, 2008). Recognizing the tension between the realities of clients and professionals is paramount to

successfully engaging maltreating fathers. It requires a compassionate stance that nonetheless maintains clear guidelines about the unacceptability of violence as a strategy to control others.

Motivational interviewing is an empirically supported strategy of intervention. In controlled studies, motivation enhancing interventions have been shown to have positive impact on treatment for a range of presenting problems including alcohol and drug use (Davis, Baer, Saxon & Kivlahan, 2003; Stephens et al., 2000; Stotts, Schmitz, Rhoades, & Grabowski, 2001), medical adherence (Maneesakorn, Robson, Gournay & Gray, 2007), cigarette smoking (Colby et al., 1998), use alcohol (Monti et al., 1999), driving under the influence (Stein, Colby, Barnett, Monti, Golembeske, Lebeau, 2006) and pathological gambling (Wulfert, Blanchard, Freidenberg & Martell, 2006). There are a handful of studies supporting the utility of engagement enhancing interventions for abusive men (Kistenmacher, 2001; Stosny, 1994). For example, Tolman and Bhosley (1990) found that a supportive pre-group intervention lead to lesser dropout in the first 4 sessions of intervention. More recently, Taft, Murphy, Elliott & Morrel (2001) used a quasi-experimental design to examine the effectiveness of supportive phone calls and handwritten notes from therapists after missed sessions. They found that the cohort who received this intervention attended more treatment sessions and had a significantly lower dropout rate. Finally, Scott et al. (in press) randomly assigned 144 highly resistant men to a 6-week motivation enhancing intervention pre-group plus treatment-as-usual or to treatment-as-usual. She found that men attending motivational intervention showed much higher rates of program completion.

Exercises in the first three sections of the Caring Dads program were specifically designed to facilitate the use of motivational interviewing. Fathers are asked to share details of their parenting situations (e.g., genogram exercise) and begin to reflect on the often difficult situation that they are now in due to their past choices (e.g., having only supervised contact with their children, trying to support children from two or three different mothers). Fathers also explore their experiences and perceptions of their own fathers and begin to reflect on intergenerational patterns of abuse (e.g. fathering circles). These exercises provide fertile ground for facilitators to recognize and reflect on discrepancies between fathers' ideal view of how they should relate to their children and their current actions. Facilitators are active participants in this process because fathers are often unaware of, and seemingly "blind" to, intergenerational patterns of abuse. A common example is a father who speaks poignantly about the loss he experienced as a child when his father left the family, but who at the same time, is ready to walk away from his own children because "they just get too upset when visitation time ends". Without the careful reflection of this discrepancy by facilitators, this father is unlikely to make the connection between his experience as a child and the likely experience of his own children. Such connections, when made, provide a powerful incentive for men to engage in the Caring Dads group to learn more about improving their relationship with their children. A final exercise in this section of the program is a goal development exercise. After considering discrepancies, fathers are asked to specify a goal for themselves to work towards over the next 14 weeks of group.

Although MI is the main strategy of intervention used in early Caring Dads sessions, a second strategy deliberately used by Caring Dads to engage fathers is the fostering of a healthy prosocial group process. Group cohesion is developed by setting group rules, having each father share details of their parenting situation and by facilitators' attention to reflecting on commonalities in men's experiences and current situations. Developing group cohesion and facilitating social support draws men into the group, and is also independently therapeutic. Social isolation has been identified as a characteristic of abusive families in general (Cadzow, Armstrong, & Fraser, 1999; Powell, 2003). For fathers, this lack of social support may be exacerbated by rigid stereotypes and prescripted roles to which many of these men subscribe. That is, while many of these fathers may lack social support in general, they are particularly unlikely to have relationships with other men that allow them to discuss the challenges and joys

of parenting in a healthy and productive manner. Universality (the perception of shared experience) is recognized as one of the most powerful mechanisms of change in group therapy (Yalom, 1970). A sense of being part of a group helps individuals feel that they are not alone, provides hope for the future, and allows for the development of pride and self-efficacy through sharing expertise and helping others solve problems in a healthy way. Of course, in Caring Dads, facilitators need to take care that the focus of sharing is positive, and not rumination on blaming others. In developing groups for parents of adolescents with conduct disorder, Moretti and her colleagues (2004) found that a lack of structure in the group led to a process of "one-upmanship" whereby parents tried to outdo each other to determine who had the child with the most outrageous behaviour. In our groups, we have seen a similar dynamic whereby men can begin to coalesce around themes of child misbehaviour, inalienable paternal rights, and/or the mental health of their partners. To prevent the focus of shared experience from being frustration with intimate partners, or perceived persecution by the child protection system, careful structuring and monitoring of group process is required. Nonetheless, creating a safe and comfortable environment where men feel they can take risks and disclose difficult situations can be a powerful experience for them; indeed, the client feedback from our groups tends to identify this component (e.g., "being able to talk to other guys about this stuff") as one of the most beneficial aspects of the program from their perspective. This feedback is also consistent with research showing that higher levels of group cohesion predict higher rates of program completion and greater change among its members (Martin, Garske, & Davis, 2000; Horvath & Symonds, 1991).

In summary, the Caring Dads program makes deliberate use of two strategies for engaging men and developing their motivation to change. First, therapists use motivation enhancing intervention to avoid confrontation and to instead help develop discrepancies between men's current actions and their desired relationships with their children and families. Second, they actively work to develop prosocial group processes. Together, these strategies provide the context and "buy in" for more challenging work later in the group and thus increase the likelihood of success in intervening with men's abusive behaviour.

D. Module 2, Sessions 4-9: To increase men's awareness and application of child-centered fathering.

The second module of Caring Dads focuses on developing fathers' capacity to engage in healthy, child-centred fathering; or stated in term of risk factors, to improve the quality of father-child relationships, decrease fathers' perception of the child as the problem, increase respectful co-parenting and reduce fathers' self-centredness. The specific treatment outcomes expected from this module are for fathers to:

- actively care for their children for a reasonable amount of time ("reasonable" will vary depending on fathers' living situation, but at minimum, fathers who live with their children will spend at least 30 minutes a day in direct interaction)
- interact with their children in a child-centred manner (i.e., focus on child's choice of activities or discussion topics)
- praise and positively reinforce their children
- generate multiple possible explanations for child misbehaviour (e.g., to get attention, to express anger, normal for their developmental stage)
- anticipate and rehearse positive and non-abusive methods for dealing with child misbehaviour
- avoid physical punishment, name-calling, overly rigid rules, and using other forms of harsh parenting
- support children's relationships to their mothers (e.g., speak positively to children about their mother, model respectful behaviour)

In this module, there are multiple points of intersection with empirically validated parenting intervention programs and with the literature on risk factors for fathers' abuse. The above treatment goals are mostly common to general parent training programs, and are addressed with many of the same therapeutic strategies. The general strategy for presenting each new parenting skill is as follows. First, psychoeducation is used. Concepts are clearly explained by group leaders using a variety of presentation formats including lecture, group discussion, review of worksheets, etc. Following education, positive skills or cognitions are modelled either by facilitators, through video presentations or, in some cases, by fathers themselves. Fathers are then encouraged to apply lessons to their understanding of their own children and are asked to reflect on how application of skills might alter the father-child relationship. Finally, fathers are assigned the task of practicing parenting in their weekly homework exercises.

There is considerable empirical support for parent training that includes psychoeducation and skills practice (though primarily with mothers as fathers are seldom investigated). Literature in this area was recently reviewed by Lundahl, Nimer and Parsons (2006), MacLeod and Nelson (2000) and by Skowron and Reinemann (2005). These reviews concluded that parent training resulted in a moderate positive effect on parents' attitudes towards abuse and on incidence of subsequent abuse. They further concluded that inclusion of a behavioural component (i.e., modelling, role play, practice) enhanced outcomes significantly. Other components related to higher rates of success were home visitation and delivering some of the parent training in an individual setting. Although further research is needed on parenting intervention with fathers specifically, there is a solid empirical base to suggest that parenting psychoeducation and skills practice is an effective intervention strategy.

Although there are many points of overlap in this module between Caring Dads and empirically-supported parenting programs, there are four important differences. These include the use of the parenting continuum, emphasis on modelling and teaching, focus on men's relationship with children's mothers and continued deliberate attention to developing discrepancies.

- **Use of the parent-centred to child-centred continuum.** Caring Dads departs from traditional parenting programs in its use of a parent-centred to child-centred continuum. This continuum is used to teach men that choices that they make with regard to their children can be understood as motivated sometimes by the desire to meet their children's needs (e.g., taking a child to a show he or she wants to see, reading to a child) and sometimes by a desire to meet a parents' needs (e.g., enrolling a reluctant child in hockey because the parent wants the child to play). The inclusion and use of continuum is based on the self-centeredness identified in research and clinical descriptions of fathers who have maltreated their children or exposed them to abuse of their mothers (e.g., Bancroft & Sliverman, 2002). The parent to child-centred continuum is a powerful way to analyse fathers' parenting decisions and it is often cited by clients as one of the most helpful tools of the group. We also contend that it is a tool that is specifically useful to abusive fathers due to their self-centredness in parenting choices, and is not likely a good tool for parenting training more generally.
- **Emphasis on guiding, modelling and teaching.** A second, more subtle difference between Caring Dads and most parenting skills training is the emphasis placed on guiding, modelling and teaching. Fathers, as compared to mothers, seem to identify themselves as teachers and role models for their children, rather than as nurturers. Thus, exercises in this section of the program motivate change by encouraging men to consider what their children learn from watching them. Specific areas covered are what children learn from watching men deal with frustration and anger and what children learn from how men interact with children's mothers and other important people in children's lives (e.g. grandparents, teachers, etc.).

- **Continued attention to relationship with children's mother.** A third critical difference in the parenting psychoeducation of Caring Dads is the continued attention to possible co-occurring abuse of children's mothers. In most group-based parenting programs, there is an implicit assumption that the parents have a nonabusive relationship. Where parents' relationships are addressed within the context of parenting interventions, discussion typically focuses on the need for consistency in parenting or the importance of communication. The focus of Caring Dads is quite different. In this section of the program, a repeated theme is that part of good fathering is having a non-abusive, respectful and supportive coparenting relationship with children's mothers. One entire session is devoted to the issue of supporting children's mothers, but the need to have a respectful and supportive relationship with her is woven into the vast majority of other exercises as well (e.g., when the parenting continuum is introduced, having a respectful relationship with children's mothers is identified as child-centred). Fathers are encouraged to consider the lessons they are teaching children through the relationships they have with their children's mothers and are explicitly taught how to be more supportive of all important figures in children's lives (e.g., mothers, grandparents, teachers, neighbours).
- **Avoid teaching disciplinary skills for managing child misbehaviour**. An area of intervention that is prominent with mothers, and that we feel is contraindicated in work with fathers, is management of child misbehaviour. Although there is a lack of research addressing the specific question of fathers' need for discipline training (e.g., learning to give better instructions, follow-up with consequences, utilize a warning or time-out system in response to children's failures to comply) our clinical experience and that of others suggest that there might be an important difference in interactions of abusive father-child and mother-child dyads. Among mothers, an important aspect of intervention is teaching better ways to manage child misbehaviour. Some of the strongest intervention results have been associated with Parent-Child Interaction Therapy where mothers are directly coached in being more positive with their children, more effective at giving directions, and better at following through when children fail to comply (Chaffin et al., 2004). In our experience, child management is not a core issue for abusive fathers. We hold this view for a number of reasons.

  First, fathers do not generally present with complaints about their children's compliance *to them* – they complain that their children do not listen to their mother. Fathers describe being on the sidelines of conflict between children and mothers and occasionally stepping in to "lay down the law". When fathers do step in, they describe using authoritative, control-based strategies that generally succeed at gaining immediate child compliance. In the words of one client, "Oh yeah, I reason with them. If they ask why they have to do something, I tell them that's the rules, and that they have to follow them or else." Although such strategies are likely to cause problems with compliance later one – fathers are seldom the ones dealing with these consequences. Instead, they go back to the sidelines to again complain that their children do not listen to their mothers.

  Second, when fathers do complain about their children's behaviour, it is usually a complaint that their children do not accord them the respect and appreciation that they are due, rather than a complaint about non-compliance. One common example is fathers complaining that their 13 to 15 year-old children do not appreciate them. Another is the complaint that their infant or toddler is wary of them during once a week visits because their mother has turned the child against them. These complaints represent distorted thinking about children, resulting in part from fathers' poor understanding and appreciation of child development. Fathers referred to Caring Dads often lack a good understanding of their children on which to base judgments. They often cannot talk

about their children's favourite toys or activities, about things that make them proud, sad, or afraid, or about their children's friends, teachers, or schooling. Most importantly, fathers also often lack an appreciation for their children's experiences of abuse and fail to see the links between their children's current behaviour and their victimization.

Fathers' lack of appreciation of their children's victimization forms our third rational for not teaching child management strategies such as a 1-2-3 warning system, timeouts, and removal of privileges. Because these fathers lack empathy for their children's experiences, they often implement appropriate strategies in inappropriate ways. An example from our program is a father who duct-taped his child to a chair to get her to remain in timeout. Furthermore, when fathers have a history of being frightening, coercive, and abusive, children are likely to react to their attempts to implement a calm discipline strategy with high levels of anxiety unless this change is preceded by a significant period of more positive father-child interactions. Finally, because most fathers who have perpetrated violence in their families have limited insight into difficulties in their behaviour and low motivation to change, it has been our experience that any focus on child management can easily degenerate into a discussion of problems with the child and away from the necessary focus on problems with fathers' actions. For all of these reasons, the Caring Dads program has made a specific commitment to avoid teaching men parenting strategies designed primarily to control child behaviour. Rather, focus is firmly placed on developing an involved, positive, reinforcing relationship between fathers and their children.

E. Module 3, Sessions 10-15: To Increase men's awareness of, and responsibility for, abusive and neglectful fathering and its impact on children.

An interesting contrast occurs at this point in the program. Having completed the first two modules, fathers are engaged in group, have a good alliance with the group facilitators and with the other men, and have started to envision and practice more positive and child centred methods of interacting with their children. Yet, when issues central to their referral arise, fathers revert to externalizing blame for their actions to their children, children's mothers or the system, minimizing impact of their past abuse and relying on parenting that is coercive and/or unresponsive to children's needs. Thus, the third module of Caring Dads is devoted to addressing fathers' abusive and neglectful behaviour. A major component of the third goal is individualized cognitive-behavioural analysis of men's unhealthy, abusive and neglectful behaviours. Woven into individualized analyses are educational and insight-oriented exercises to help men identify abuse-supporting cognitions and recognize the effects of abuse on their children. Although the focus of each client's change will differ (i.e., some fathers might need to primarily change behaviour towards their children, others towards their children's mothers, though all will address at least one core risk factor for abuse as identified in the review of literature), the general treatment outcomes expected from this module are for fathers to:

- respond to problems in family relationships without high levels of anger, irritability and unpredictability
- cooperate respectfully with children's mothers in making decisions about parenting
- avoid degrading, manipulative, undermining and otherwise hurtful comments or behaviours to or about children's mothers
- avoid behaviours that are emotionally or physically abusive, neglectful or otherwise hurtful to children
- maintain safe use of substances

As mentioned, the core therapeutic strategy used in this module is CBT. At the beginning of this module, fathers are asked to revisit their goals and, with the help of the group co-facilitators, to identify changes that will be necessary to meet this goal. These changes will then become

the focus of CBT work over the next 5 sessions. These meetings can occur as part of the group process, or can be done individually in meetings between fathers and group co-facilitators. Fathers have a range of goals, and have a variety of intervention needs. Three common examples are presented below to illustrate the process of moving from fathers' goals to the use of CBT.

John's initial goal: I hope that I can develop a closer bond to my son so that I am someone he can confide in when he is in trouble.
John's action plan: If my son is going to feel safe enough to confide in me, I have to stop blowing up at him whenever I find out that he has been in trouble.
CBT: Used to analyse the thought patterns and distortions that precipitate John's over-reaction to his son's problematic behaviour. Cognitive restructuring to replace distorted believes about his son with more positive interpretations and thoughts.

Darcy's initial goal: I hope that I can have a closer relationship with Sarah and that she will want to come on visits with her siblings.
Darcy's action plan: For Sarah to come close to me again, I am going to have to stop badmouthing her mother.
CBT: Used to analyse the rationalizations allowing Darcy' to denigrate Sarah's mother despite his commitment to the contrary. Thought-stopping strategies taught to eliminate rumination about Sarah's mother.

Terrence's initial goal: I hope that, over time, I can have a relationship with my son (now 16 months and visiting with supervision)
Terrence's action plan: If I am going to move to more time or to unsupervised visits, I am going to have to stop missing appointments.
CBT: Used to analyse the antecedents and consequences of Terrence missing visits (ABC approach) to identify triggers for missed visits or reinforcement received from missing visits. Collaborative goal setting to change behavioural contingencies.

Once fathers and group co-facilitators jointly set goals for cognitive behavioural work, fathers are guided to use specific CBT strategies to address problematic cognitions or behaviours. Fathers complete CBT homework every week and their ongoing progress in meeting change goals is tracked over the groups.

The use of CBT is supported and recommended for use in addressing criminal behaviour and child abuse. Several research reviews and meta-analyses in the criminal justice field assert that CBT is "effective" with violent criminals and criminal populations in general (e.g. (e.g., Landenberger & Lipsey, 2005; Wilson, Bouffard, & MacKenzie, 2005). The most recent meta-analysis echoes the conclusion of others: "The evidence summarized in this article supports the claim that cognitive–behavioural treatment techniques are effective at reducing criminal behaviours among convicted offenders." The need for CBT is also supported in evaluation of batterer intervention (Lehmann & Simmons, 2009). In a recent review, she concluded that programs for abusive men should go beyond education and skills training, and should specifically add cognitive-behavioural intervention (Babcock, Greene & Robie, 2004).

Innovators in parenting intervention are exploring the advantages of adding CBT to traditional interventions, particularly for anxious children (Ha & Oh, 2006, Khanna & Kendall, 2009) and for parents at high risk for abuse (e.g. Azar, 1989). In an important study in this area, Kolko (1996) randomly assigned participants to CBT, family therapy, or standard community care. Results showed benefits of both CBT and family therapy conditions over standard care in the areas of child emotional and behaviour problems family conflict and parental distress; however CBT was especially helpful for reducing parental anger and the use of physical punishment. Similar advantages of CBT are noted by Runyon, Deblinger & Schroeder (2009) in

their pilot study of the advantages of adding CBT to group treatment of physically abusive parents and their children.

F. Module 4, Sessions 16 and 17: Rebuilding trust with children and planning for the future.

During the final two sessions of the Caring Dads groups, focus is shifted towards issues around rebuilding trust and planning for the future. The specific treatment outcomes expected from this module are for fathers to:

- identify specific impacts of their past abuse on children, children's mothers and on the mother-child relationship
- hold realistic, child-centred expectations for their continued relationship

As mentioned previously, fathers at this point in the program often want, and expect, to move quickly to closer relationships with their children. In this module, we address fathers' impatience in two ways. First, we continue to help fathers understand the impact that their past abuse has had on their children. Fathers are asked to reflect back on "what it would have taken for you to forgive your father", and are continually prompted to view the situation through their children's eyes. Second, fathers are specifically educated about the need for the child to set the pace of healing. They are told that their first goal needs to be the development of a safe and caring relationship with their children, which includes children feeling safe and supported in their relationship with their mothers. To reinforce this message, fathers role-play accountability discussions for practice in being sensitive to children's abuse experiences. Finally, fathers' expectations for their relationships are specifically challenged. The group reflects on what men might realistically hope for given their history of perpetration. If a father is still unsafe for his child, difficult discussions are initiated about his need to choose to end contact until he can be safe with his children. Similarly, if children are expressing clear wishes to avoid seeing or talking to their father, group leaders help men to come to terms with respecting their children's choice.

Overall, this material is informed and supported by literature on trauma and recovery, and in particular, on the need for the victim of trauma to set the pace for re-establishing a safe and healthy relationship (Gil, 2006). The need to ensure child physical and emotional safety in trauma recovery is emphasized by the vast majority of both directive and non-directive models of trauma treatment for children and is embedded in recommendation made by the American Professional Society on the Abuse of Children (APSAC) task force (Chaffin et al., 2006). The importance of children's sense of safety has been emphasized in the literature on attachment and parent-child closeness with the concept of emotional security (Cummings & Davies, 1996). In this field of study, as well, the importance of safety is emphasized to set the context for children's ability to regulate their arousal, develop positive vies of themselves and relate to their family members (Cummings & Davies, 1996; Davies, Harold, Goeke-Morey, & Cummings, 2002).

SECTION 5: CARING DADS MOTHER CONTACT

In recognition of the considerable overlap between men's perpetration of child abuse and domestic violence and due to the intrinsic connection between the safety and well-being of children and their mothers, *Caring Dads* also includes a mother contact component. As detailed in the mother contact manual, all caretaking mothers of men's children are contacted by the *Caring Dads* program on a minimum of three occasions, once as soon as possible after men have begun the program, once midway through his involvement and again at the end of his treatment. During these contacts, women are provided with information about the program, referral to support and advocacy services, and if necessary, immediate safety planning. The over-arching goal of these contacts is to help women through the use of empowering interventions. Specific treatment outcomes expected are outlined in table 2:

Program Component	Intervention strategies	Treatment needs addressed	Target Outcomes
Mother contact	Empowerment	Appreciating the overlap between child maltreatment and domestic violence	As a result of contact, mothers will: - have numbers and contact information for services that she might need - have been supported in developing a safety plan, if necessary - have information about the Caring Dads program goals and content

Although the connections between child and mother safety are the rationale for mother contact, contact itself is guided by theories of empowerment. Empowerment can be defined as the process of increasing intrapersonal, interpersonal and political power necessary so that individuals can take action to improve their lives. When working with women who have experienced abuse, empowerment has been more specifically defined as engaging in the following activities (Baker & Cunningham, 2004): (a) Respecting confidentiality, (b) Promoting access to community services, (c) Helping her plan for future safety, (d) Respecting her autonomy, (e) Believing and validating her experiences, and (f) Acknowledging injustice. Following this model, mother contact personnel at Caring Dads are charged with the tasks of listening to and validating women's experiences, helping her plan for safety and providing her with information about accessing community resources that might meet her needs. Mother contact personnel also need to provide women with concrete and detailed information about the Caring Dads program, its aims and its content. The need to provide women with a realistic understanding of the outcomes of intervention is another critical aspect of empowerment. Both qualitative and quantitative studies of domestic violence have found that women's hope that men will change, and specifically, his attendance in treatment, is a powerful predictor of reunification (Gondolf, 1988). It is the task of mother contact to temper that hope with information about the limitations of Caring Dads and with information about the specific involvement and progress of her children's father in the program.

Victim empowerment has always been a central component of efforts to end violence in relationships (Goodman & Epstein, 2008; Kasturirangan, 2008). In the area of women abuse in particular, focus has been placed on the empowerment of women to achieve economical, social, political, legal and educational equity. Such equity is associated with lower rates of violence. In one of the best studies done in this area, Archer (2006) examined the hypothesis that national rates of violence would vary depending on broad indicators of women's empowerment and equity. Using data across 16 countries, he discovered that women's rates of victimization were higher in countries where women had less power. Similarly, there was a positive association between women's empowerment and acceptance of wife beating. This study provides convincing evidence in support of the view that women's empowerment is central to reducing domestic violence. There is also a large literature base to support the view that individual empowerment is associated with the adaptive recovery of women who have been abused (Goodman & Epstein, 2008). For example, Kim et al., (2007) reported on results of a study where rural African areas were randomly assigned to receive microfinance and educational intervention. They found that changes in indicators of empowerment, in particular, were associated with reductions in experiences of domestic violence.

A. Complicating aspects of mother contact

The essential role of the mother contact personal is one of listening, validating and providing information that might empower women to take steps to change her situation. This

role requires considerable knowledge of the dynamics and typical presentation of domestic violence, and on the systems that intervene with women who have been abused including police, civil and criminal courts, supervised access centres, assessment centres, shelters, advocacy agencies, etc. Mother contact staff also need to be very well informed about local resources for a large range of problems including challenges in negotiating the legal system, parenting, coping with the effects of domestic violence, maternal mental health and child emotional and behavioural difficulties. Finally, the mother contact personnel need to be skilled in engaging empathetically and respectfully with women have who have been abused.

Mother contact personnel also need clearly differentiate their role as an "empowerer" rather than as a "helper" or "counsellor". Fundamentally, the role of mother contact personnel is to provide women with the information that is going to be most helpful for her to make decisions about, and act on her situation. Such a role is quite distinct from that of someone who is counselling women, though there is some overlap particularly in helping women assess and plan for safety. However, maintaining boundaries in the role of mother contact is often difficult. Three specific and common situations where it is a challenge to avoid moving into a helper role are as follows:

Parenting crises. A first challenge for mother contact workers concern parenting crises. Often, families that are involved in Caring Dads are experiencing major shifts in their family situations. In addition to any treatment-related changes that might occur, court and child protection proceedings might mean that fathers have recently left, or re-entered, the home or have varying visitation schedules. Merely the involvement of social care services can precipitate crises in some families. In response to these changing circumstances, crises sometimes (unsurprisingly) arise in parenting. Mother contact personnel, in turn, often feel drawn into providing crisis intervention, advice and problem-solving. Instead of intervening in this way, mother contact personnel need to be trained and knowledgeable about appropriate resources. Mothers might need immediate access to child care, or to temporary relief from parenting. Children might need immediate intervention to prevent concerning behaviour from escalating, mothers and children might need immediate intervention to reduce frequent and intense conflict over their situation. Mother contact should provide direct and immediate empowering assistance to women in accessing these services.

Complex custody and access situations. There are few issues that are as emotionally challenging as marital separation, particularly when the separation has been precipitated by violence. Mothers and fathers accessing Caring Dads services sometimes have very complex and longstanding difficulties resolving conflicts over custody and access. Women are sometimes very distressed at the level or nature of contact between fathers and children or about how fathers are interacting with children during visits. Mother contact personnel need to have very clear boundaries about the support that they can provide to mothers in these situations. Concerns about fathers' behaviours should be documented, and reported when warranted. However, most often in such cases, the most empowering referral is to a strong legal advocate who can help women express her concerns more clearly in front of the court.

Situations where mothers feel that their social care worker does not acknowledge ongoing risk of domestic violence. Finally, situations commonly arise where mothers do not feel that their social care worker is acknowledging their experience or concerns about violence. In this situation, mother contact again have a clear role to play in empowering women. Women can be given information about the process of changing social workers, she might be supported in arranging a meeting that includes the supervisor for her social care worker and the mother contact person can assist women in presenting their situation more clearly.

SECTION 6: CARING DADS COORDINATED CASE MANAGEMENT

As outlined in the beginning of this manual, Caring Dads is predicated on a commitment to work together to ensure child safety and well-being. In this final section of the manual, we

return to consideration of key areas of working together, briefly highlight aspects of practice connected to these commitments and signpost other manuals where more details on specific practices are included.

A. Coordinated case management to ensure that priority is given to the safety and well-being of children and that Caring Dads is responsive to rising levels of risk.

Following our ideological commitment and extensive research of the especially harmful impacts of chronic maltreatment, the Caring Dads program places its main priority on achieving the safety and well-being of children. Fathers who are the target population of the Caring Dads program have already acted in ways that violate and endanger children, and require interventions that are able to balance the need to provide help to fathers with a commitment to ensuring child safety. This stance represents a fundamental shift in focus from most parenting interventions. Education and treatment programs for parents are most often offered through child mental health or child and family service agencies whose mission is to support families. In these agencies, education, support, and skills training are provided to voluntarily attending clients. Agency personnel readily accept that some parents will choose not to attend intervention despite relatively high levels of pathology, or will attend but fail to make progress toward healthier functioning. Family privacy is also protected, in that information is kept confidential unless the law requires disclosure. Overall, this style of service gives precedence to parents' abilities to make decisions they believe will be best for their families and children. When fathers have been abusive toward members of their family (thereby demonstrating a failure to make decisions in the best interests of their children), mental health models of service are not sufficient. Instead, a more prescriptive response is needed that can simultaneously offer intervention to fathers, monitor their progress in making better parenting decisions, and track their risk for future abuse perpetration. Interventions for abusive fathers need to accommodate these changes in priority, aligning more closely with child protection and justice intervention, incorporating risk assessment and providing clear feedback to referrals. Moreover, although it is beyond the mandate and capacity of a program like Caring Dads to incapacitate men who repeatedly maltreat their children, Caring Dads can and should contribute to the collection and sharing of information across agencies so that the most dangerous fathers can be more effectively recognized and contained by the justice or child protection systems. Specific implications for collaborative practice necessary to meet these aims include the need to:

- Jointly assess and monitor changes in men's risk for violence (see intake and case management)
- Have a strong model of coordinated case management (see program management manual)
- Ensure that fathers' goals align with those of professionals working with children and the family more generally and monitor fathers' progress towards ensuring child safety from their abuse (see program content and program management manual)
- Openly share information with referral agents throughout intervention (see program management manual)
- Provide evaluative feedback following program completion (see final reports)
- Be willing to have frank and difficult conversations with fathers about limiting their contact with their children when necessary (see program activities in final section)

B. Coordinated case management to ensure the safety of children's mothers.

As we have discussed, the problems of domestic violence and fathers' maltreatment of children are intertwined. Recognizing this connection between children's well-being and mothers' safety, we explicitly assert that men cannot be good fathers and abusive partners—that children's emotional security depends partly on a non-abusive relationship between their

mothers and fathers. Thus, whenever we talk about healthy father-child relationships, we inevitably talk about men's relationships with children's mothers. Our focus on men's relationship with children's mothers represents another difference from traditional parenting intervention, where there is an assumption of basic physical and emotional safety in the relationship between mothers and fathers. Commitment to this position requires the following for coordination:

- Requirement that at least one facilitator with a strong background in women's advocacy and a keen appreciation of the dynamics of woman abuse co-facilitates groups (see facilitator requirements)
- Contact with mothers as one component of intervention (see mother contact manual)
- Close collaboration with a batterer intervention services for cross-referral (see eligibility)
- Evaluation of fathers' ability to maintain a non-abusive and respectful relationship with children's mothers as one component of evaluation (see case management manual)
- Consideration of domestic violence as part of men's profile of risk (see case management manual)
- Planning with referral for appropriate services to children's mothers when fathers have undermined mothers' ability to disciple or for other complex situations that may arise (see case management manual)

C. Coordinated case management to ensure that fathers are engaged in intervention and compliant with basic treatment demands (i.e., attending, participating)

The Caring Dads program expects that most of the clients who are appropriate for service will have low motivation for change. As discussed, our intervention strategies with clients therefore adopt a motivation enhancing approach. However, with professionals, our approach is different. With professionals, we have taken an "accountability" approach that emphasizes the need for fathers to contribute to caring for their children. Too often, social service provides view *any* willingness of fathers to be involved with their children with great enthusiasm and positive regard (Featherstone, Hooper, Scourfield & Taylor, 2010; Strega et al., 2008). As professionals, we need to expect more of fathers and we need to back those expectations up with mandated involvement with intervention when necessary. Such mandates send clear messages to fathers that they are responsible for controlling their own behaviours and for contributing to the care of their children and families. We therefore need to work together to ensure that fathers are attending intervention to address their risk for maltreating their children and are complying with basic treatment demands. Other specific aspects of practice that are informed by this commitment include:

- need for at least one facilitator to be skilled in motivational interviewing and connecting with men (see program management manual)
- adequate time to conduct intake assessments (see program management manual)
- joint case planning in response to failed referrals (see case management manual)
- joint case planning in response to absences or failures of engagement (see case management manual)
- strong relationships with referral agents who can actively encourage men to attend intervention and follow-up with consequences when men fail to comply (see case management manual)

D. Coordinated case management to ensure that the child is kept in focus

Related to the need to prioritize child safety and well-being is the need to ensure that the needs of the child are kept in the forefront of intervention with fathers. As discussed previously, a significant challenge of offering a fathering program is the tendency to drift towards meeting the needs of fathers, which may or may not be consistent with the needs of children. It is

essential that there is frequent and clear communication between professionals working towards child safety and well-being and case managers for Caring Dads to ensure that perspectives are shared. Without such collaboration, there are numerous potential iatrogenic effects of Caring Dads. For one, fathers may try to use their attendance at a fathering program to manipulate the system and gain advantage in court proceedings, despite having made no discernable progress. Fathers may also use program material to harass mothers or to otherwise criticize their parenting. Protecting against these outcomes requires a number of commitments to collaborative practice including:

- the need to include a 'voice' for the child in case planning (case management manual)
- focus on program on fathers' ability to develop safe and predictable relationships with children (program content)
- feedback in final report on fathers' appreciation of the impact of his past abuse (case management manual)
- clear feedback to men and to system partners when fathers are failing to keep children safe (case management)
- clear communication between the program and referral agents about content of program (case management)

SECTION 7: CONCLUSION

The Caring Dads program was developed to fill an important gap in services to fathers who abused or neglected their children or exposed their children to domestic violence. The program is solidly based on empirical research. Goals are consistent with identified needs of the population and are using empirically-validated intervention strategies. More research is needed to determine the efficacy of the Caring Dads program in the UK, particularly in examining the efficacy of collaborative practice in the longer term. However, the program is sufficiently developed and promising enough to warrant implementation as a method of ensuring the safety and well-being of children in the UK.

References

Afifi, T. O., Enns, M. W., Cox, B. J., de Graaf, Ron, ten Have, M., Sareen, J. (2007). Child abuse and health-related quality of life in adulthood. *Journal of Nervous and Mental Disease, 195*, 797-804.

Allen, N. E. (2006). An Examination of the Effectiveness of Domestic Violence Coordinating Councils. *Violence Against Women, 12*, 343-360.

Allen, S. & Daly, K. (2007). *The effects of father involvement: An updated research summary of the evidence.* Guelph ON, Centre for Families, Work & Well-Being, University of Guelph. Retrieved Aug 8, 2009 from http://www.fira.ca/cms/documents/29/Effects_of_Father_Involvement.pdf.

Anda, R. F., Dong, M., Brown, D. W., Felitti, V. J., Giles, W. H., Perry, G. S., Edwards, V. J., Dube, S. R. (2009). The relationship of adverse childhood experiences to a history of premature death of family members. *BMC Public Health, 9*, 106-116.

Archer, J. (2006). Cross-cultural differences in physical aggression between partners: A social-role analysis. *Personality and Social Psychology Review, 10*, 133-153.

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2009). Father Inclusive Practice Guide: A tool to support the inclusion of fathers in a holistic approach to service delivery. Accessed October 20, 2010 from http://www.fahcsia.gov.au/sa/families/pubs/documents/father-inclusive/father_inclusive_practice.pdf.

Azar, S. T. (1989). Training parents of abused children. C. E. Schaefer & J. M. Briesmeister (Eds.). *Handbook of parent training: Parents as co-therapists for children's behavior problems* (pp. 414-441). Oxford, England: John Wiley & Sons.

Babcock, J.C., Green, C.E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*, 1023-1053.

Baker, L. & Cunningham, A. (2004). Helping children thrive: Supporting woman abuse survivors as mothers. Centre for Children and Families in the Justice System. Accessed April 2010 from http://www.lfcc.on.ca/HCT_SWASM.pdf.

Bancroft, L. & Silverman, J. G. (2002). *The Batterer as Parent: Assessing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications.

Banger, D. M. & Eyberg, S. M. (2003). Father involvement in parent training: When does it matter? *Journal of Clinical Child and Adolescent Psychology, 32*, 599-605.

Bennett, L., Stoops, C., Call, C., & Flett, H. (2007). Program completion and re-arrest in a batterer intervention system. *Research on Social Work Practice, 17*, 42-54.

Black, D. A., Heyman, R. E. & Slep, A. M. S. (2001). Risk factors for child physical abuse. *Aggression and Violent Behavior, 6*, 121-188.

Black, D. A., Slep, A. M. S. & Heyman, R. W. (2001). Risk factors for child psychological abuse. *Aggression and Violent Behavior, 6,* 189-201.

Brewster, A. L., Nelson, J. P., Hymel, K. P., Colby, D. R., Lucas, D. R., McCanne, T. R., & Milner, J. S. (1998). Victim, perpetrator, family, and incident characteristics of 32 infant maltreatment deaths in the United States Air Force. *Child Abuse and Neglect, 20*, 573–587.

Brown, L., Callahan, M. Strega, S. Walmsley, C. & Dominelli, L. (2008). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child and Family Social Work, 14,* 25-34.

Bugental, D. B., Blue, J., & Cruzcosa, M. (1989). Perceived control over caregiving outcomes: Implications for child abuse. *Developmental Psychology, 25,* 532–539.

Bugental, D. B., Brown, M., & Reiss, C. (1996). Cognitive representations of power in caregiving relationships: Biasing effects on interpersonal interaction and information processing. *Journal of Family Psychology, 10,* 397–407.

Bugental, D. B, Ellerson, P. C., Lin, E. K, Rainey, B., Kokotovic, A., & O'Hara, N. (2002). A cognitive approach to child abuse prevention. *Journal of Family Psychology, 16*, 243–258.

Bugental, D. B., & Lewis, J. C. (1999a). The paradoxical misuse of power by those who see themselves as powerless: How does it happen? *Journal of Social Issues, 55,* 51–64.

Bugental, D. B., Lewis, J. C., Lin, E., Lyon, J., & Kopeikin, H. (1999b). In charge but not in control: The management of teaching relationships by adults with low perceived power. *Developmental Psychology,* ??, 1367–1378.

Cadsky, O., Hanson, R. K., Crawford, M., & Lalonde, C. (1996). Attrition from a male batterer treatment program: Client-treatment congruence and lifestyle instability. *Violence and Victims*, *11*, 51–64.

Cadzow, S. P., Armstrong, K. L. & Fraser, J. A. (1999). Stressed parents with infants: Reassessing physical abuse risk factors. *Child Abuse & Neglect, 23*, 845-853.

Canadian Centre for Justice Statistics (2006). Family violence in Canada: A statistical profile.Catalogue #85-224-X. Ottawa, ON: Statistics Canada. Retrieved August 17, 2009 from http://www.statcan.gc.ca/pub /85-224-x/85-224-x2006000-eng.pdf.

Cavanagh, K., Dobash, R. E, & Dobash, R. P. (2007). The murder of children by fathers in the context of child abuse. *Child Abuse & Neglect, 31,* 731–746.

Chaffin, M., Hanson, R. &Saunders, B. E. (2006). "Report of the APSAC Task Force on attachment therapy, reactive attachment disorder, and attachment problems": Reply to letters. *Child Maltreatment, 11*, 381-386.

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J. & Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*, 500-510.

Colby, S. M., Monti, P. M., Barnett, N. P., Rohsenow, D. J., Weissman, K., Spirito, A., Lewander, W. J. (1998). Brief motivational interviewing in a hospital setting for adolescent smoking: A preliminary study. *Journal of Consulting and Clinical Psychology, 66*, 574−578.

Coohey, C. & Zhang, Y. (2006). The role of men in chronic supervisory neglect. *Child Maltreatment, 11,* 27-33.

Crooks, C.V., Scott, K. L., Francis, K., Kelly, T., & Reid, M. (2006). Eliciting change in maltreating fathers: Goals, processes, and desired outcomes. *Cognitive and Behavioral Practice, 13,* 71-81.

Crooks, C. V., Scott, K. L., Wolfe, D. A., Chiodo, D. & Killip, S. (2007). Understanding the link between childhood maltreatment and violent delinquency: What do schools have to add? *Child Maltreatment, 12,* 269-280.

Cunningham, A. & Baker, L. (2004). What about me? Seeking to understand a child's view of violence within the family. Centre for Children & Families in the Justice System: London, Canada.

Cummings, E. M., & Davies, P. (1996). Emotional security as a regulatory process in normal development and the development of psychopathology. *Development and Psychopathology, 8*, 123–139.

Daly, M., & Wilson, M. (2000). Family violence: An evolutionary psychological perspective. Virginia *Journal of Social Policy & the Law, 8,* 77–121.

Davis, T. M., Baer, J. S., Saxon, A. J., & Kivlahan, D. R. (2003). Brief motivational feedback improves post-incarceration treatment contact among veterans with substance use disorders. *Drug and Alcohol Dependence, 69,* 197-203.

Davies, P. T., Harold, G. T., Goeke-Morey, M. C., Cummings, E. M., Shelton, K. & Rasi, J. A. (2002). Child emotional security and interparental conflict. *Monographs of the Society for Research in Child Development, 67*, 1–115.

Davies, P. T., Sturge-Apple, M. L. & Cummings, E. M. (2004). Interdependencies among interparental discord and parenting practices: The role of adult vulnerability and relationship perturbations. *Development and Psychopathology, 16*, 773-797.

Dixon, L., Hamilton-Giachristsis, C., Browne, K. & Ostapuik, E. (2007).The co-occurrence of child and intimate partner maltreatment in the family: Characteristics of the violent perpetrators. *Journal of Family Violence, 22*, 675-689.

Douglas, E. M. & Cunningham, J. M. (2008). Recommendations from child fatality review teams: Results of a US nationwide exploratory study concerning maltreatment fatalities and social service delivery. *Child Abuse Review, 17,* 331-351.

Dutton, D. (1996). Jealousy, intimate abusiveness, and intrusiveness. *Journal of Family Violence, 11,* 411–423.

Dutton, D. (1998). *The abusive personality: Violence and control in intimate relationships.* New York: The Guilford Press.

Eckenrode, J., Ganzel, B., Henderson, C. R., Elliott, S., Olds, D. L., Powers, J., Cole, R., Kitzman, H. & Sidora, K. (2000). Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence. *JAMA, 284,* 1385-1391.

Eckhardt, C. I., Barbour, K. A. & Davison, G. C. (1998). Articulated thoughts of maritally violent and nonviolent men during anger arousal. *Journal of Consulting and Clinical Psychology, 66*, 259-269.

Eckhardt, C. I., Samper, R. E. & Murphy, C. M. (2008). Anger disturbances among perpetrators of intimate partner violence: Clinical characteristics and outcomes of court-mandated treatment. *Journal of Interpersonal Violence, 23*, 1600-1617.

Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, *5*, 134-154.

English, D. J., Edleson, J. L. & Herrick, M.E. (2005). Domestic violence in one state's child protection caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review, 27,* 1183-1201.

English, D. J., Marshall, D. B., Coghlan, L., Brummel, S. & Orme, M. (1999). Causes and consequences of the substantiation decision in Washington State Protective Services. *Child & Youth Services Review, 21,* 1-23.

English, D. J., Marshall, D. B. & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. *Child Maltreatment, 4,* 297-307

English, D., Wingard, T., Marshall, D.B., Orme, M. & Orme, A. (2000) Alternative responses to child protective services: Emerging issues and concerns. *Child Abuse and Neglect*, *23,* 375–388.

Evans, S. E., Davies, C., DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13,* 131-140.

Fals-Stewart, W., Golden, J. & Schumacher, J. A. (2003). Intimate partner violence and substance use: A longitudinal day-to-day examination. *Addictive Behaviors, 28,* 1555-1574.

Famularo, R., Stone, K., Barnum, R. & Wharton, R. (1986). Alcoholism and severe child maltreatment. *American Journal of Orthopsychiatry, 56*, 481-485.

Featherstone, B., Hooper, C-A., Scourfield, J. and Taylor, J. (eds.) (2010) *Gender and Child Welfare in Society*, Oxford, Wiley-Blackwell.

Feinberg, M. E., Kan, M. L. & Hetherington, E. M. (2007). The longitudinal influence of coparenting conflict on parental negativity and adolescent maladjustment. *Journal of Marriage and Family, 69,* 687-702.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A.M., Edwards, V., Koss, M. P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14,* 245-258.

Foran, H. M. & O'Leary, K. D. (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical Psychology Review, 28*, 1222-1234.

Forrester, D. (2007). Patterns of re-referral to social services: a study of 400 closed cases. *Child and Family Social Work, 12,* 11–21.

Forrester, D. & Harwin, J. (2008). Parental substance misuse and child welfare: Outcomes for children two years after referral. *British Journal of Social Work, 38*, 1518-1535.

Francis, K. J. & Wolfe, D. A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. *Child Abuse & Neglect, 32,* 1127-1137.

Freedman, S. R. (1998). Forgiveness and reconciliation: The importance of understanding how they differ. *Counseling and Values, 42,* 200–216.

Gil*,* E. (*2006*). *Helping abused and traumatized children: Integrating directive and nondirective approaches.* New York: Guilford Press.

Goodman, L. A. & Epstein, D. (2008). *Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice.* Washington, DC: American Psychological Association.

Gondolf, E. W. (1988). The effect of batterer counseling on shelter outcome. *Journal of Interpersonal Violence, 3*, 275-289.

Gondolf, E. (2001). *Batterer intervention systems: Issues, outcomes and recommendations.* Thousand Oaks, CA: Sage.

Ha, E. H. & Oh, K. J. (2006). Effects of cognitive-behavioral group therapy for depressive mothers of children with behavior problems. *Child & Family Behavior Therapy, 28*, 1-13.

Harwin, J., Owen, M., Locke, R. & Forrester, D. (2003) *Making Care Orders Work*, The Stationery Office: London, UK.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror.* New York: Basic Books.

Holtzworth-Munroe, A. & Hutchinson, G. (1993). Attributing negative intent to wife behavior: The attributions of maritally violent versus nonviolent men. *Journal of Abnormal Psychology, 102*, 206-211.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology, 38*, 139-149.

Jin, X., Eagle, M. & Keat, J. E. (2008). Hostile attributional bias, early abuse, and social desirability in reporting hostile attributions among Chinese immigrant batterers and nonviolent men. *Violence and Victims, 23*, 773-786.

Jones, A. S. & Gondolf, E. W. (2001). Time-varying risk factors for reassault among batterer program participants. *Journal of Family Violence, 16,* 345-359.

Kasturiragan, A. (2008). Empowerment and programs designed to address domestic violence. *Violence Against Women, 14*, 1465-1475.

Katz, L. F. & Low, S. M. (2004). Marital violence, co-parenting, and family-level processes in relation to children's adjustment. *Journal of Family Psychology, 18,* 372-382.

Khanna, M. S. & Kendall, P. C. (2009). Exploring the role of parent training in the treatment of childhood anxiety. *Journal of Consulting and Clinical Psychology, 77*, 981-986.

Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., Busza, J., Porter, J. D. H. & Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health, 97*, 1794-1802.

Kistenmacher, B. R. (2001). Motivational interviewing as a mechanism for change in men who batter: A randomized controlled trial. *Dissertation Abstracts International, 61*(9-B), 4989.

Kitzmann, K. M., Gaylord, N. K., Holt, A. R., Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71,* 339-352.

Klein, A. R. & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005: Career criminals. *Violence Against Women, 14,* 136-157.

Klevens, J. & Leeb, R. T. (2010). Child maltreatment fatalities in children under 5: Findings from the national violence death reporting system. *Child Abuse & Neglect, 34*, 262-266.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. & Lozano, R. (Eds). (2002). World report on violence and health. World Health Organization: Geneva.

Landerberger, N. A. & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology, 1*, 451-476.

Lee, S., Guterman, N. B. & Lee, Y. (2008). Risk factors for paternal physical child abuse. *Child Abuse & Neglect, 32,* 846-858.

Lehmann, P. & Simmons, C. A. (Eds) (2009). *Strengths-based batterer intervention: A new paradigm in ending family violence.* Thousand Oaks, CA: Sage Publications.

Lengua, L., Roose, M. W., Schupak-Neuberg, E., Michaels, M. L., Berg, C. N & Weschler, L. F. (1992). Using focus groups to guide the development of a parenting for difficult-to-reach, high-risk families. *Family Relations, 41,* 163-168

Lundahl, B. W., Nimer, J. & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice, 16,* 251-262.

Mammen, O. K., Kolko, D. J. & Pilkonis, P. A. (2002). Negative affect and parental aggression in child physical abuse. *Child Abuse & Neglect, 26,* 407-424.

MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, *24*, 1127-1149.

MacMillan, H., Fleming, J., Trocmé, N., Boyle, M., Wong, M., Racine, Y., Beardslee, W., & Offord, D. (1997). Prevalence of child physical and sexual abuse in a community sample:Results from the Ontario health supplement. *Journal of the American Academy of Medicine, 278*,131–135.

Maneesakorn, S., Robson, D., Gournay, K., & Gray, R. (2007). An RCT of adherence therapy for people with schizophrenia in Chiang Mai, Thailand. *Journal of Clinical Nursing*, *16*, 1302-1312.

Marshall, D. B., English, D. J., & Stewart, A. J. (2001). The effect of fathers or father figures on child behavioral problems in families referred to child protective services. *Child maltreatment, 6*, 290-299.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438-450.

McKinney, C. M., Caetano, R., Harris, T. R. & Ebama, M. S. (2009). Alcohol availability and intimate partner violence among US couples. *Alcoholism: Clinical and Experimental Research, 33*, 169-176.

McKinnon, M., Davies, L., & Rains, P. (2001). Taking account of men in the lives of teenage mothers. *Affilia 16,* 80-99.

Mignone, T., Klostermann, K. & Chen, R. (2009). The relationship between relapse to alcohol and relapse to violence. *Journal of Family Violence, 24*, 497-505.

Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people of change*. New York, NY: Guildford Press.

Monti, P. M., Colby, S. M., Barnett, N. P., Spirito, A., Rohsenow, D. J., Myers, M., & Lewander, W. (1999). Brief intervention for harm reduction with alcohol-positive older adolescents in

a hospital emergency department. *Journal of Consulting and Clinical Psychology, 67*, 989−994.
Moretti, M. M., Holland, R., Moore, K., & McKay, S. (2004). An attachment based parenting program for caregivers of severely conduct disordered adolescents: Preliminary findings. *Journal of Child and Youth Care Work, 19*, 170-178.
Morrill, M. I., Hines, D. A., Mahmood, S. & Cordova, J. V. (2010). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Process, 49*, 59-73.
Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. & Regan, L. (2002). *Children's Perspectives on Domestic Violence.* London: Sage.
Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence*, *12*, 607–619.
Murphy, C. M., Taft, C. T. & Eckhardt, C. I. (2007). Anger problem profiles among partner violent men: Differences in clinical presentation and treatment outcome. *Journal of Counseling Psychology, 54*, 189-200.
National Commission of Inquiry into the Prevention of Child Abuse (1996) Childhood matters, Vols 1 and 2. London: NSPCC.
Newberger, C. M. & White, K. M. (1989). Cognitive foundations for parental care. In D. Cicchetti & V. Carlson (Eds.). *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect.* (pp. 302-316). New York, NY: Cambridge University Press.
Norlander, B. & Eckhardt, C. (2005). Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review. *Clinical Psychology Review, 25*, 119-152.
O'Leary, K. D., Slep, A. M. & O'Leary, S. G. (2007). Multivariate models of men's and women's partner aggression. *Journal of Consulting and Clinical Psychology, 75*, 752-764.
Palm, G. & Fagan, J. (2008). Father involvement in early childhood programs: Review of the literature. *Early Child Development and Care, 178,* 745-759.
Peled, E. (2000). Parenting by men who abuse women: Issues and dilemmas. *British Journal of Social Work, 30,* 25–36.
Pennington-Zoellner, K. (2009). Expanding 'community' in the community response to intimate partner violence. *Journal of Family Violence, 24,* 539-545.
Perel, G. & Peled, E. (2008). The fathering of violent men: Constriction and yearning. *Violence Against Women, 14,* 457-482.
Perez-Albeniz, A. & de Paul, J. (2004). Gender differences in empathy in parents at high- and low-risk of child physical abuse. *Child Abuse & Neglect, 28,* 289-300.
Perry, M. A., Wells, E. A. & Doran, L. D. (1983). Parent characteristics in abusing and nonabusing families. *Journal of Clinical Child Psychology, 12*, 329-336.
Pittman, J. F. & Buckley, R. R. (2006). Comparing maltreating fathers and mothers in terms of personal distress, interpersonal functioning, and perceptions of family climate. *Child Abuse & Neglect, 30,* 481-496.
Powell, C. (2003). Early indicators of child abuse and neglect: A multi-professional Delphi study. *Child Abuse Review, 12*, 25-40.
Prochaska, J., & DiClemente, C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19,* 276–288.
Prochaska, J. O., DiClemente, C. C. & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114.
Radhakrishna, A., Bou-Saada, I., Hunter, W., Catellier, D., & Kotch, J. (2001). Are father surrogates a risk factor for child maltreatment? *Child Maltreatment, 6,* 281–289.
Raikes, H. H., & Bellotti, J. (2006). Two studies of father involvement in Early Head Start programs: A practitioners' survey and a demonstration program evaluation. *Parenting Science and Practice, Special Issue Early Head Start Fathers and Children, 6*, 229-243.

Rimm-Kaufman, S. E. & Zhang, Y. (2005). Father-school communication in preschool and kindergarten. *School Psychology Review, 34,* 287-308.

Risley-Curtiss, C. & Heffernan, K. (2003). Gender biases in child welfare. *Affilia, 18*, 395-410.

Runyon, M. K., Deblinger, E. & Schroeder, C. M. (2009). Pilot evaluation of outcomes of combined parent-child cognitive-behavioral group therapy for families at risk for child physical abuse. *Cognitive and Behavioral Practice, 16*, 101-118.

Safeguarding Children: The third joint Chief Inspectors' report on arrangements to safeguard children (2008). Alexandra House: London.

Sandberg, J.F. & Hofferth, S.L. (2001). Changes in children's time with parents: United States, 1981–1997. *Demography, 38,* 423–436.

Schaeffer, C. M., Alexander, P. C., Bethke, K. & Kretz, L. S. (2005). Predictors of child abuse potential among military parents: Comparing mothers and fathers. *Journal of Family Violence, 20,* 123-129.

Schumacher, J. A., Feldbau-Kohn, S., Slep, A. M. S. & Heyman, R. E. (2001). Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behavior, 6,* 281-352.

Schumacher, J. A., Homish, G. G., Leonard, K. E., Quigley, B. M. & Kearns-Bodkin, J. N. (2008). Longitudinal moderators of the relationship between excessive drinking and intimate partner violence in the early years of marriage. *Journal of Family Psychology, 22*, 894-904.

Scourfield, J. (2003) *Gender and Child Protection*, London, Palgrave Macmillan.

Scott, K .L. & Crooks, C. V. (2004). Effecting change in maltreating fathers. *Clinical Psychology: Science & Practice, 11,* 95-111.

Scott, K. L. & Crooks, C. V. (2006). Intervention for abusive fathers: Promising practices in court and community responses. *Juvenile and Family Court Journal*, 57, 29-44.

Scott, K. L. & Crooks, C. V. (2007). Preliminary evaluation of an intervention program for maltreating fathers. *Brief Treatment and Crisis Intervention, 7,* 224-238.

Scott, K., Francis, K., Crooks, C., & Kelly, T. (2006). *Caring Dads: Helping fathers value their children.* Victoria, BC: Trafford Publishing.

Scott, K. L., King, C. McGinn, H. & Hosseini, N. (in press). Effects of Motivational Enhancement on Immediate Outcomes of Batterer Intervention. *Journal of Family Violence.*

Scott, K. L., & Wolfe, D. A. (2003). Readiness to change as a predictor of outcome in batterer treatment. *Journal of Consulting and Clinical Psychology, 71, 879–889.*

Silber, S., Bermann, E., Henderson, M. & Lehman, A. (1993). Patterns of influence and response in abusing and nonabusing families. *Journal of Family Violence, 8*, 27-38.

Sinclair, I., Baker, C., Wilson, K. & Gibbs, I. (2005) *Foster Children: Where They Go and How They Get On*, Jessica Kingsley: London, UK.

Skowron, E. & Reinemann, D. H. (2005). Effectiveness of psychological interventions for child maltreatment: A meta-analysis. *Psychotherapy: Theory, Research, Practice, Training, 42,* 52-71.

Slep, A. M. & O'Leary, S. G. (2001). Examining partner and child abuse: Are we ready for a more integrated approach to family violence? *Clinical Child and Family Psychology Review, 4*, 87-107.

Stith, S. M., Lui, T., Davies, C., Boykin, E. L., Alder, M. C., Harris, J. M, Som, A., McPherson, M. & Dees, J. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14,* 13-29.

Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M. & Walmsley, C. (2008). Connecting father absence and mother blame in child welfare policies and practice. *Children and Youth Services Review, 30*, 705-716.

Strega, S., Brown, L., Dominelli, L., Walmsley, C. and Callahan, M. (2009). Working with me, working at me: Narratives of fathers in child welfare. *Journal of Progressive Human Services, 20*, 72-91.

Stein, L. A. R., Colby, S. M., Barnett, N. P., Monti, P. M., Golembeske, C., & Lebeau-Craven, R. (2006). Effects of motivational interviewing for incarcerated adolescents on driving under the influence after release. *American Journal on Addictions, 15,* 50-57.

Stephens, R. S., Roffman, R. A., & Curtin, L. (2000) Comparison of extended versus brief treatments for marijuana use. *Journal of Consulting and Clinical Psychology, 68*, 898–908.

Stewart, L., Usher, A. & Allenby, K. (2009). *A review of optimal group size and modularisation or continuous entry format for program delivery*. Correctional Service Canada. Accessed November 1, 2011 from http://www.csc-scc.gc.ca/text/rsrch/ reports/r215/r215-eng.shtml

Stosny, S. (1994). "Shadows of the heart": A dramatic video for the treatment resistance of spouse abusers. *Social Work*, 39, 686–694.

Stotts, A. M., Schmitz, J. M., Rhoades, H. M., & Grabowski, J. (2001). Motivational interviewing with cocaine-dependent patients: A pilot study. *Journal of Consulting and Clinical Psychology, 69,* 858-862.

Taft, C. T., Murphy, C. M., Elliott, J. D., & Morrel, T. M. (2001). Attendance-enhancing procedures in group counseling for domestic abusers. *Journal of Counseling Psychology*, *48*, 51–60.

Thompson, R. & Wiley, T. R. (2009). Predictors of re-referral to child protective services: A longitudinal follow-up of an urban cohort maltreated as infants. *Child Maltreatment, 14*, 89-99.

Tolman, R. M., & Bhosley, G. (1990). A comparison of two types of pregroup preparation for men who batter. *Journal of Social Service Research*, *13*, 33-43.

Tonizzo, S., Howells, K., Day, A., Reidpath, D. & Froyland, I. (2000). Attributions of negative partner behavior by men who physically abuse their partners. *Journal of Family Violence, 15*, 155-167.

Trocmé, N.**,** Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005).*Canadian Incidence Study of Reported Child Abuse and Neglect – 2003: Major Findings*. Ottawa, ON: Minister of Public Works and Government Services Canada.

Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families.* New Brunswick, NJ: Transactions.

U.S. Department of Health and Human Services (2005). Male perpetrators of child maltreatment: Findings from NCANDS. Downloaded from http://aspe.hhs.gov/hsp/05/child-maltreat/report.pdf. October 20, 2010.

van der Kolk, B., & McFarlane, A. (1996). The black hole of trauma. In et al. (Ed.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 2–23). New York: Guilford Press.

Wallach, H. S. & Sela, T. (2008). The importance of male batters' attributions in understanding and preventing domestic violence. *Journal of Family Violence, 23*, 655-660.

Walmsley, C. (2009). Fathers and the Child Welfare System. A report to the Federation of Child and Family Services of B.C. Research and Practice Network. Retrieved Aug. 28, 2009 from http://www.fcfs.bc.ca/uploads/FathersandtheChildWelfareSystemMar09.pdf

Wekerle, C., & Wolfe, D. A. (2003). Child maltreatment. In E. J. Mash & R. A. Barkley (Eds).*Child Psychopathology, 2nd edition* (pp. 632-684). New York: Guilford Press.

Whipple, E. E. & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. *Child Abuse & Neglect, 15,* 279-291.

Wiehe, V. R. (2003). Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse & Neglect, 27*, 541-555.

Wilson, D. B., Bouffard, L. A. & Mackenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior, 32,* 172-204.

Wilson, S. R., Rack, J. J., Shi, X. & Norris, A. M. (2008). Comparing physically abusive, neglectful, and non-maltreating parents during interactions with their children: A meta-analysis of observational studies. *Child Abuse & Neglect. 32,* 897-911.

Wolfe, D. A. (1999). Child Abuse: Implications for child development and psychopathology (second edition). Sage Publications: Thousand Oaks, CA.

Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., Jaffe, P. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review, 6,* 171-187.

Wolfe, D. A., Scott, K., Wekerke, C., & Pittman, A. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry, 40,* 282-289.

Wulfert, E., Blanchard, E. B., Freidenberg, B. M., & Martell, R. S. (2006). Retaining pathological gamblers in cognitive behavior therapy through motivational enhancement – a pilot study. *Behavior Modification, 30*, 315–340.

Yalom, I. D. (1970). *The Theory and Practice of Group Psychotherapy,* New York, NY: Basic Books.

Yampolskaya, S., Greenbaum, P. E. & Berson, I. R. (2009). Profiles of child maltreatment perpetrators and risk for fatal assault: A latent class analysis. *Journal of Family Violence, 24,* 337-348.

Young, N. K., Boles, S. M. & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, 137-149.