

# Men Who Batter: Parenting Interventions

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## Parenting Interventions for Men Who Batter

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With contributions from Fernando Mederos

*“Except in the most severe cases, fathers and children remain connected even following domestic violence and regardless of the possible separation of the mother and father. When we fail to acknowledge and respond to this reality, we inadvertently make mothers solely responsible for assessing, monitoring, and responding to concerns about men’s parenting. We also lose a potential opportunity to promote safe and healthy father-child relationships, which may in turn contribute to children’s healing from traumatic exposure to abuse.”*

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

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Over the past few generations, there have been rapid shifts in the involvement of fathers in parenting their children. Fathers today are spending more time with their children, taking more responsibility for child care tasks, and sharing in more parenting decisions (Sandberg & Hofferth, 2001). Generally speaking, increased involvement of fathers is positive for children, leading to enhanced cognitive, social, and emotional development, and greater protection against adolescent delinquency, drug and alcohol use, and other risk behaviors (Allen & Daly, 2007; Marshall, English, & Stewart, 2001; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). However, the generally positive impact of father-child relationships cannot always be assumed (Degamo, 2010; Jaffee, Moffitt, Caspi, & Taylor, 2003). Domestic violence, in particular, is a threat to child health and well-being. Three meta-analyses of research on child exposure to domestic violence have concluded that children who live with mothers who are abused and fathers who batter show elevated rates of psychological, emotional, and behavioral problems, including aggression and anxiety (Evans, Davies, & DiLillo, 2008; Kitzmann, Gavlord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre, & Jaffe, 2003). These conflicting perspectives on fathers’ involvement have, unfortunately, not been broadly taken up by child welfare, child mental health, and domestic violence services. Instead, these services continue to focus on mothers and children and ignore or exclude fathers (Brown, Callahan, Strega, Walmsley, & Dominelli, 2008; Featherstone, Hooper, Scourfield, & Taylor, 2010; Scourfield, 2003).

There are multiple compelling reasons to shift towards better recognition, assessment, and intervention with fathers who have been violent in their families (Scott & Crooks, 2004; Scourfield, 2003; Strega, Fleet, Brown, Dominelli, Callahan, & Walmsley, 2008; U.S. Department of Health and Human Services, 2010). One is that children most often retain an emotional connection with their fathers and continue to have contact with them despite past violence and regardless of

whether or not their mothers and fathers separate. Such contact may play a powerful role in breaking the intergenerational transmission of violence if fathers are able to own and take responsibility for their past abuse (Scott & Crooks, 2004). Improving interventions for fathers who have battered also has the potential to benefit women. Current practice within child welfare services tends to hold mothers primarily responsible for children's well-being (Strega et al., 2008). Models of intervention that address fathers directly have the potential to reduce the burden of child protection on mothers (Scott & Crooks, 2007). Finally, greater involvement of fathers in child mental health and child protection services creates significant opportunities to engage men in early intervention or prevention programs for woman abuse.

This paper explores how fathers who have battered might be best included in interventions that improve outcomes for women and child survivors of domestic violence. Specifically, the paper explores the question: What form of parenting intervention should we consider for fathers who batter? To address this question, we begin by describing what we know about fathers who batter. We then highlight common features of pioneering parenting programs for men who batter. Finally, we discuss current debate about how we can best provide services to fathers in a way that will protect women and children. A companion paper, entitled "Practical Considerations for Parenting Interventions for Men who Batter" adds to this review by considering issues of recruitment, program organization, content of intervention, and collaborative inter-agency practice.

### **What are the Characteristics of Fathers who Batter?**

In considering interventions for fathers who batter, it is first necessary to identify the characteristics and needs of this population. Preliminary steps have been taken in this direction. Perhaps the most widely recognized characterization of a father who batters is the one presented by Lundy Bancroft and Jay Silverman in their groundbreaking book *The Batterer as Parent* (2002; now revised, Bancroft, Silverman,

Ritchie, 2012). Based on many years of clinical experience, these authors characterized fathers who batter as hostile, demanding, and entitled men who were generally controlling towards both their partners and their children. Batterer fathers were described as having rigid and unreasonable rules, little patience, high expectations, and as using strict and often abusive means to ensure child compliance. Bancroft and colleagues (2011) also highlighted the undermining impact that fathers who batter have on their children's mothers and on the mother-child relationship.

Research has provided a good deal of support for Bancroft and colleagues (Bancroft & Silverman, 2002; Bancroft, Silverman & Ritchie, 2012) characterization of fathers who batter. It is now clear that when men are abusive towards their children's mothers, children are at substantially increased risk of being abused and neglected (e.g., Edleson, 1999; Salisbury, Henning, & Holding, 2009; Smith Slep & O'Leary, 2005; Stith et al., 2009). Moreover, among children at-risk of being abused, the presence of domestic violence is associated with greater severity of child maltreatment (Coohey & Zhang, 2006; Dixon, Hamilton-Giachrisis, Browne, & Ostapuk, 2007; Hartley, 2004) and has been implicated as an important risk factor for fatal father-perpetrated child maltreatment (Cavanagh, Dobash, & Dobash, 2007; Yampolskaya, Greenbaum, & Berson, 2009).

Although it is critically important to recognize the risk that fathers who batter pose to their children, research and clinical experience also suggests that not all these men fit the profile of being generally hostile, demanding, and controlling (Fox & Benson, 2004; Perel & Peled, 2008; Scott & Crooks, 2007). In the authors' work with fathers who have been violent in their families, we have identified three potential additional profiles of men. The most common appears to be that of fathers who, although committed to fathering, are profoundly *emotionally disconnected* (Perel & Peled, 2008). These men may long for a closer bond with their children, but their lack of connection often translates to emotional and sometimes physical neglect of their children (Martin et al., 2009).

Another profile of fathers who batter is that of men from low-income backgrounds who have fathered children in two or more families, with each relationship eventually ending due to infidelity and domestic violence. Often these fathers face multiple challenges including chronic unemployment, discrimination, substance dependence or abuse, and intermittent incarceration. Men with this profile are often *physically disconnected* from their children. They seldom maintain regular contact or pay child support after their relationships end with their children's mothers, thereby abandoning fathering relationships with multiple children. Fathers who demonstrate this pattern have not been emphasized in past studies of fathers who batter, but they have been described in the literature on poverty, especially poverty of African American men (e.g., Blankenhorn, 1995; Edin & Kefalas, 2005; Popenoe, 1996).

A final, and in the authors' experience, smaller group of fathers who batter are those who have developed *reasonably healthy and connected* relationships with their children, despite past or sometimes ongoing abuse, harassment, or denigration of their children's mothers. This is a complicated group of fathers often in the midst of change. Their children are often older and are trying to work out for themselves issues of blame in their parents' relationship. Also appropriately included in this category are separated fathers who have a history of battering children's mothers, but who have respected no-contact orders and have developed independent relationships with their children.

Although this description of possible profiles (i.e., hostile and controlling, disconnected, multiply challenged, and connected) of fathers who batter may be helpful, it must be considered very tentative. There is a great deal of research still to be done on fathers who have battered. There has yet to be a large and comprehensive study of parenting among men who have battered, and it is unclear if the variables identified here (i.e., co-occurring abuse or neglect, level of connection between fathers and children) reliably differentiate either between or among

battering and non-battering fathers. At this point, it is possible only to conclude that fathers who batter are a heterogeneous group and that further research is needed on their shared and unshared characteristics and intervention needs.

### **Pioneering Parenting Programs for Men who Batter: Common Features**

Although it is still early days for parenting interventions for men who batter, there is some consensus among researchers and practitioners in the field on the content and style of intervention needed for the diverse range of fathers who batter. Two groups have written programming recommendations for fathers who batter and developed associated interventions. These two groups are Juan Carlos Arean, through Futures Without Violence ([http://www.futureswithoutviolence.org/section/our\\_work/child\\_wellbeing/\\_breaking\\_cycle](http://www.futureswithoutviolence.org/section/our_work/child_wellbeing/_breaking_cycle)) and Katreena Scott and her colleagues with the Caring Dads: Helping Fathers Value their Children program (see Scott & Crooks, 2004; 2006; 2007; Crooks, Scott, Francis, Kelly, & Reid, 2006; Scott, Francis, Crooks, Paddon, & Wolfe, 2006). Others have written about the needs of this group of fathers (e.g., Mandel, 2002) or have developed program curricula (e.g., Scaia, Connelly, & Downing, 2010). A summary of published programs in this area along with some key references are included as additional resources at the end of this paper. In the following section, we highlight four aspects of intervention that are shared across these pioneering programs.

### ***Use of a Motivational Approach to Engage and Retain Fathers in Intervention***

Fathers who batter almost always ascribe great importance to being good fathers who are able to protect their children and who contribute to educating and molding their children's characters (Perel & Peled, 2008). Batterers' commitment to being a good father is further intensified by their reflection on their own experiences of being fathered. The contrast between men's experiences with their own fathers and their current commitment to be

a good father to their children is extremely fertile ground for developing men's motivation to change (Crooks et al. 2006; Fox, Sayers, & Bruce, 2001). All current programs include exercises that promote men's reflection on intergenerational patterns of violence in their families and that use these exercises in a manner consistent with the principles of motivational interviewing (Miller & Rollnick, 2002).

### ***Continued Emphasis on the Need to End Violence Against their Children's Mothers***

A second commonality of all existing parenting programs for men who batter is the programs' emphasis on the need for men to end perpetration of abuse (e.g., physical, verbal, emotional, financial) against their children's mothers. Men are taught that they cannot abuse or disrespect their children's mother without also hurting the children. In other words, the programs emphasize that they "cannot be a lousy husband, but a good father" (Scott & Crooks, 2004, p. 103). This message is based on empirical literature documenting the negative impact of exposure to domestic violence on children (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003), the importance of respectful co-parenting to child development (Katz & Low, 2004), and the risk to children when men's perpetration of domestic violence is not addressed (Cavanagh et al., 2007). Guidelines for program content include the need to: a) teach men about the impact of their abuse on their partners' parenting and on mothers' connections with their children; b) help men avoid and cease disrespectful and abusive conflict with children's mothers; and c) prompt men to take responsibility for ending their contributions to drawn-out conflicts over parenting (Scott, Francis, Crooks, & Kelly, 2006). Most pioneering programs also actively collaborate with services for battered women to try to ensure that they are responsive to the perspectives, goals, and potential safety needs of victimized women and children (e.g., Scott et al., 2006).

### ***Program Content Addressing Accountability for Past Abuse***

Fathers often underestimate the traumatic impact of their violence and downplay their responsibility for past abuse and neglect (Perel & Peled, 2008; Scott & Crooks, 2004). Accordingly, all existing curricula for fathers who batter include exercises designed to help fathers understand, and be accountable for, the impact of their past abuse on their children and on the mother-child relationship. These exercises help men understand that acting out or distancing behaviors by children often stem from fathers' violence and negative modeling.

### ***Intervention to Reduce Fathers' Use of Harsh Discipline***

A fourth area that is consistently addressed by programs for fathers who batter is men's use of harsh discipline. In the Caring Dads program, for example, a major aim is to help fathers develop a fundamentally more "child-centered" view of fathering – one where children's wishes and needs are given greater consideration and higher priority. To do this, the program focuses on activities, such as learning about children's developmental capabilities and limitations, increasing men's tolerance for child misbehavior, enhancing the amount of nurturing time and attention fathers give their children, prompting men to disengage from power battles with their children, and developing men's skills for engaging in positive and healthy fathering. Behaviorally-based teaching on alternative child management strategies, such as using time outs, setting consequences, and developing behavioral reinforcement schedules for children, are used much less often, or, in some programs, deliberately avoided. Future research is needed to determine if an approach based on child-centeredness is effective with fathers who batter, or if more attention should be given to teaching alternative strategies for gaining child compliance.

### Areas of Greater Debate

Pioneering interventions for fathers who batter have in common the use of a motivational approach, a focus on accountability, and the need to continue to address domestic violence. All existing programs also include materials designed to teach men to avoid harsh discipline. Although there are areas of commonality across programs for fathers who batter, other aspects of parenting interventions for men who batter are more controversial. In this section, we highlight ongoing debate about ways to avoid unintended consequences, appropriate timing of services, inclusion of child maltreatment, and the integration of the voices of women and children. We also provide our opinions on these controversial issues, but we acknowledge that not all pioneers in the field would agree with our recommendations.

#### *How Can We Best Guard Against Potential Unintended Consequences of Parenting Programs for Men who Batter?*

Perhaps the most important area of debate concerns how parenting interventions for men who batter can best contribute to the broader efforts to end violence against women and children. Pioneers in the field acknowledge that not all men will benefit from intervention (Lishak & Scott, 2012), and that, in some cases, fathers will represent a continuing risk to their partners and children (DeGarmo, 2010; Jaffee et al., 2003). Additionally, these programs may unintentionally increase risk to women and children (Scott & Crooks, 2007). One example is that fathers may try to use their attendance at a parenting program to gain advantage in court proceedings, despite having made no discernible progress. Another is the possibility that the mere existence of such programs will lend credibility to the view that fathers' right to access their children supersedes any consideration of their history of violence against children's mothers.

Most existing programs for fathers who batter caution against potential unintended negative effects of intervention and see fathering programs for men

who batter as part of a coordinated community response to family violence. However, programs vary greatly in the extent to which such cautions are represented in program design. Herein, we advance the position that when men have been violent in their families and have potentially traumatized their children, the focus of parenting program decisions needs to remain firmly grounded on the safety and well-being needs of children, which in turn, are integrally connected to the safety needs of their mothers (Scott & Crooks, 2004; 2007). Accordingly, intervention should be guided by the principle that fathering intervention for men who batter should benefit children. Children's well-being, recovery from past abuse, and protection from ongoing abuse should not be subordinated to concern about fathers' progress or lack of progress (Scott & Crooks, 2007). Adopting this principle requires that (a) children's and women's needs be considered in assessing men's eligibility to join or to be discharged from the program, and the need for follow-up, and that (b) fathering programs work in close collaboration with other essential services, such as child welfare, battered women's shelters and advocates, and mental health services. Collaboration with these services should be maintained throughout men's involvement with fathering programs. The following operational guidelines should be utilized to monitor and reduce risk to potential victims of men's abuse:

1. Programs should directly acknowledge that it may not be advisable (for reasons of safety and/or high levels of trauma in children or children's mothers) for some fathers to have contact with their children. Programs should be clear about this issue with fathers, referral agents, members of men's families, and with the community of service providers.
2. When there are converging concerns about men, programs should be prepared to help fathers understand and cooperate with limits placed on their contact with their children.
3. Programs should communicate confidentially with battered women to assess and address their safety, to offer intervention or referral, and to seek information that may help in the assessment



of men attending the program. Programs should avoid direct or indirect advocating for men's increased contact or access to their children when it is against the wishes of their children's mothers.

4. Children should not be compelled to have contact with fathers, and men's involvement in programs should not be predicated on an understanding that their participation will increase their chances of contact with their children.
5. Programs should acknowledge that fathers who have battered are a heterogeneous population and that the appropriate intervention will vary depending on men's profiles of risk and strengths. For fathers with more strengths and lower risks, work can encompass support (and supervision if possible) of visits with children; at the other end of the spectrum, intervention for men with fewer strengths and greater risks may need to focus exclusively on increasing fathers' recognition of the risks they pose to their children and partners or former partners and on working collaboratively with men and with other service providers to ensure structures are in place to minimize these risks.

***What is the Best Timing of Parenting Interventions for Men who Batter, Especially in Contrast to Programs Specifically Addressing Domestic Violence?***

There is an ongoing debate on the best time to offer parenting programs to men who batter, and, more generally, on the relationship between batterer intervention programs and parenting programs for men who batter. This debate has come to a head on referral to the Caring Dads program. Some recommend parenting programs for men who batter be limited to those fathers who have already successfully addressed, or are in the midst of addressing, their perpetration of domestic violence through completion of a batterer intervention program ([http://www.respect.uk.net/data/files/respect\\_position\\_statement\\_on\\_the\\_caring\\_dads\\_programme.pdf](http://www.respect.uk.net/data/files/respect_position_statement_on_the_caring_dads_programme.pdf)). Consistent with

this recommendation, two of the existing curricula listed here in the additional resources were designed specifically for men involved in batterer intervention (Breaking the Cycle: Fathering after violence and Addressing Fatherhood with Men who Batter: A curriculum for working with abusive men as fathers in batterer intervention program). Others (including Katreena Scott, one of the authors of this paper) have argued that limiting parenting intervention to men who have completed batterer intervention excessively, unnecessarily, and sometimes dangerously limits the range of fathers who can be served ([www.caringdads.org](http://www.caringdads.org)).

Restricting service to men who have completed batterer intervention is sometimes necessary. In particular, in cases where men's violence against their intimate partners has been severe enough to warrant criminal involvement and prompt a mandate to attend a program addressing woman abuse, it is critically important to respect this mandate. Any attempt to sidestep such a mandate (e.g., by replacing batterer intervention with parenting intervention) significantly undermines the potential of the system to promote men's accountability for abuse. Clinically, it is also sometimes necessary to begin intervention by addressing men's abuse against their children's mothers. Examples would include those where there is ongoing, potentially dangerous woman abuse or when men's past abuse has been severe. In addition, restricting parenting intervention to men who have completed batterer intervention has the advantage of potentially advancing advocacy against woman abuse. As has been concluded by Domestic Violence Death Review Committees across developed nations (e.g. National Domestic Violence Fatality Review Initiative [www.ndvfri.org](http://www.ndvfri.org)), there is still much to be done to develop the capacity of all of our intervention systems (e.g., child protection, nursing, child mental health, employee assistance services) to recognize and respond to woman abuse. Insisting that problems in parenting (which may be more recognizable) be addressed only after woman abuse may indirectly advance this important training goal.

Despite these possible advantages, we argue that a model of service that requires men to complete a batterer intervention program prior to parenting program is overly prescriptive. There are a great many families identified by child protective services, family courts, child and family mental health, marital and family therapy, and fathering programs in which men have perpetrated abuse against their intimate partners. Women abuse is only sometimes the identifying problem; other common presenting problems include child abuse, neglect, parental substance use or mental health problems, child behavior issues and problems with separation. Moreover, the range of domestic violence perpetration identified varies enormously, from repeated severe abuse to relatively isolated incidents of emotional or verbal coercion.

Given the heterogeneity of problems presented by families, we argue that any blanket restriction on the basis of men's prior completion of batterer intervention (or on any other single feature of men's situations) oversimplifies the complexity of situations presented by men and leads to misguided prescriptions for intervention. In the specific case of men who have battered, to insist that all fathers be funneled through batterer intervention program prior to addressing parenting issues is neither realistic nor appropriate. In cases where the primary immediate risk is to children (e.g., consider a father who is separated from the partner he abused, is having very limited, non-abusive contact with his former partner, and is using physical abuse to gain compliance from his children during visits), this restriction may, in fact, be dangerously short-sighted.

As an alternate model, we recommend that decisions about service for fathers who present with both perpetration of woman abuse and abuse or neglect of their children (and potentially other co-occurring problems) be made on the basis of a good assessment. Excellent recommendations for such assessment are summarized by Ver Steegh & Dalton (2008). Among these are recommendations to thoroughly assess severity and nature of men's violence, to consider the implications of domestic

violence in the context of women's and children's safety and well-being, and to address family needs in priority order, beginning with the safety need of children, then the safety and well-being of the victim parent, then victim autonomy, then perpetrator accountability, and finally the priority of ensuring access of both parents to children. We would add to Ver Steegh & Dalton's (2008) list the need to assess the context in which we can most effectively engage men in intervention (e.g., how long are waiting lists, how receptive is he to engaging in different services) and a consideration of the measures currently in place to protect women and children against victimization. In some cases, assessment will suggest that men should complete batterer intervention prior to a program addressing fathering. In others, an appropriately targeted parenting program for men who batter will be the most appropriate starting point for change.

***Should Parenting Programs for Men who Batter be Separated from those for Fathers who have Abused or Neglected their Children?***

Another significant differentiating feature of currently available fathering programs for men who batter is the extent to which they address issues of child abuse and neglect. There is considerable overlap between men's perpetration of domestic violence and both their physical abuse and neglect of children. Edleson's (1999) review of the literature concluded that there is a 30 to 60% overlap of domestic violence and child physical abuse perpetration, a range that has been confirmed in subsequent reviews (e.g., Jouriles, McDonald, Slep, Heyman, & Garrido, 2008) and on the basis of nationally representative samples (e.g., Hamby, Finkelhor, Turner, & Ormrod, 2010). All existing programs recognize the potential for overlap of woman abuse and child maltreatment, but these programs vary in the extent to which they address child maltreatment. Some programs focus primarily on child exposure to domestic violence and spend little time on possible overlapping concerns about men's physical or emotional abuse or neglect of their children. Given the overlap in these two presenting



issues, we recommend that parenting programs for men who batter include assessment and intervention for child abuse and neglect throughout intervention. Screening and referral for child sexual abuse is also warranted.

***What are the Perspectives of Women on Parenting Programs for Men who Batter and How Can We Ensure that the Voices of Women and Children Victims of Men's Abuse be Considered in these Programs?***

Given the connection between the safety and well-being of mothers and that of children, it is critical to understand and incorporate women's perspectives on parenting interventions for men who batter. Pioneering programs have been vigilant to this concern, and most have involved women's advocates as part of program development. For example, both the Caring Dads and the Addressing Fatherhood with Men who Batter programs were developed with a community advisory committee that included representatives from shelters, women's advocacy services, child welfare, family court, and child and family mental health services.

Although involving women's advocates is important, a growing body of research on mothering in the context of domestic violence suggests that "hearing" women's voices on the value and potential harm of parenting interventions for men who batter is likely to be much more complex. Battered women face numerous unique challenges in mothering (e.g., Létourneau, Fedick, & Willms, 2007; Levendosky & Graham-Bermann, 2001). For example, Lapierre (2010) documented that battered mothers hold an increased sense of responsibility in regards to their children. They are affected frequently by fairly significant loss of control over mothering due to the impact of domestic violence victimization on their physical and mental health, by the co-occurring dysregulation of children's behaviors and sometimes, by the multiple and conflicting social services involved in their lives. Importantly, Lapierre's (2010) also documented the centrality of mothering in men's violence. Women explained that men routinely

used mothering as a target in their violence (e.g., by frequently criticizing women for being bad mothers or by using or threatening to use violence against the children as a way to impact women's parenting).

When abuse based on mothering is coupled with cultural mandates supporting father-child contact, children's requests for visits with their fathers, and with the practical challenges of single-parenting, women feel considerable pressure to support father-child relationships and face substantial internal (if not external) conflict over implementing safety-based restrictions on fathers' access. Combining these pressures with an inappropriate referral to a fathering program may contribute to this pressure on a woman and further reduce her ability to advocate for safety for herself and her children. Given this context, we recommend that the voices of women, and of the advocates working with them, be part of referral, assessment, monitoring, and feedback for fathers involved in parenting programs for men who batter. We also recommend that more research be done to understand and incorporate women's perspectives on parenting programs for men who batter and on their impact on women's parenting decisions over time.

### **Conclusions**

There are many compelling reasons to include fathers in our efforts to end violence against women and children. Except in the most severe cases, fathers and children remain connected even following domestic violence and regardless of the possible separation of the mother and father. When we fail to acknowledge and respond to this reality, we inadvertently make mothers solely responsible for assessing, monitoring, and responding to concerns about men's parenting. We also lose a potential opportunity to promote safe and healthy father-child relationships, which may in turn contribute to children's healing from traumatic exposure to abuse. Fathers are often strongly motivated to be good parents to their children and they are readily engaged in interventions that address their relationships with their children. Well-designed and collaboratively linked parenting programs for men who batter have

significant potential to assist in supporting healthier and safer father-child relationships when warranted, and when safety concerns are high, to work towards reducing risk while building men's understanding of restrictions on their access to their children.

At the same time, we are cautious about risks and potential harms to battered women and their children. In our experience, fathering groups for men who batter may drift towards focusing on the father-child relationship to the exclusion of a focus on men's ongoing hostility or abuse towards children's mothers. There is also a risk of a father's progress overshadowing potential harmful impact or ongoing risks for children. Finally, there are significant possible harms of running these programs without strong connections to other service providers for the family, and where women's and children's voices and perspectives are not considered in referral and intervention planning. Fortunately, pioneers in this field have given careful thought to these issues and have developed programs that have significant potential to support positive change for men, women, and children.

This paper summarized developments in the field of parenting programs for men who batter. Commonalities of pioneering programs include the use of a motivational approach, focus on teaching men about the impact of domestic violence on children and the mother-child relationship, education about children's development in order to encourage realistic expectations, promotion of men's accountability for past abuse, and attempts to reduce men's use of harsh discipline. Areas of greater debate in the field concern provisions necessary to ensure that intervention does not have unintended consequences, appropriate timing of intervention, inclusion of material to address child abuse and neglect, and the ways in which women's and children's perspectives are best considered. It is our hope that, in summarizing and presenting this information, we will maximize the potential for the development of parenting interventions for men who batter in a way that contributes to efforts to end violence against women and children and ensure safe

and healthy relationships between fathers and their children.

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**Additional Resources**  
**Parenting programs for fathers who have been abusive in their families**

| Initiative   | Brief Description   | References & Contact Information  |
|--|---|---|
| <b>Caring Dads: Helping Fathers Value their Children</b><br><br>Katreena Scott, Claire Crooks, Tim Kelly and Karen Francis | Caring Dads is an intervention program devoted to ensuring the safety and well-being of children through working with fathers who have been abusive, neglectful or violent in their families. The program includes three components: 1) a 17-week empirically-based manualized group intervention for fathers; 2) contact with children's mothers to promote safety and freedom from coercion; and 3) coordinated case management to ensure that children benefit (and are not unintentionally harmed) as a result of father's participation in intervention. Therapeutic strategies used include motivation enhancement, parent education (including skills training and behavioral practice) to improve men's recognition and prioritization of child needs, understanding of developmental stages, respect and support for children's relationships with their mothers, listening and using praise, empathy for children's experiences of maltreatment and to identify and cognitive behavioral therapy counter the distortions underlying men's past, and potentially ongoing, abuse of their children and/or children's mothers. | Program manual available through <a href="http://www.caringdads.org">www.caringdads.org</a><br><br>Considerable documentation in support of the program, including that for:<br><br><u>Program rationale and philosophy:</u><br>Scott, K. L. & Crooks, C. V. (2004). Effecting change in maltreating fathers. <i>Clinical Psychology: Science &amp; Practice</i> , 11, 95-111.<br>Scott, K. L. & Crooks, C. V. (2006). <u>Intervention for abusive fathers</u> : Promising practices in court and community responses. <i>Juvenile and Family Court Journal</i> , 57(3), 29-44.<br><u>Accountability</u><br>Scott, K. L., Francis, K. J., Crooks, C. V., Paddon, M., & Wolfe, D. A. (2006). Accountability guidelines for intervention with abusive fathers (pp. 102-117). In O. Williams, & J. Edleson, (Eds.) <i>Parenting by men who batter: New Directions for Assessment and Intervention</i> . New York, NY: Oxford University Press.<br><u>Core therapeutic techniques</u><br>Crooks, C.V., Scott, K. L., Francis, K., Kelly, T., & Reid, M. (2006). Eliciting change in maltreating fathers: Goals, processes, and desired outcomes. <i>Cognitive and Behavioral Practice</i> , 13, 71-81.<br><u>Preliminary outcomes</u><br>Scott, K. L. & Crooks, C. V. (2007). Preliminary evaluation of an intervention program for maltreating fathers. <i>Brief Treatment and Crisis Intervention</i> , 7, 224-238. |
| <b>Breaking the Cycle: Fathering after violence</b><br><br>Family Violence Prevention Fund, Juan Carlos Arean              | The Fathering After Violence program is a series of three exercises run over 4 sessions designed for integration with batterer intervention programs. Exercises address men's empathy for their children's experiences of violence, modeling for children and repairing father-child relationships.   | Rationale for intervention, leader training and program materials are available from the Family Violence Prevention Fund at:<br><a href="http://www.futureswithoutviolence.org/section/our_work/child_wellbeing/_breaking_cycle">http://www.futureswithoutviolence.org/section/our_work/child_wellbeing/_breaking_cycle</a>   |

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| <p><b>Helping Children who Witness Domestic Violence: A guide for parents</b></p> <p>Meg Crager and Lily Anderson</p>  | <p>This 12-session downloadable program was developed for use in parent education programs, shelters, batterer services and other related counseling services to help parents better support their children following violence. Sessions cover issues such as the effects of domestic violence on children, accountability for past violence, building stronger parent-child relationships, parental anger management, limit setting and respectful co-parenting. Alternate sessions are designed for use with victim-parents and batterer-parents.</p> | <p>Curriculum is posted on the MINCAVA website at: <a href="http://www.mincava.umn.edu/documents/materials/instructor.html#id427613">http://www.mincava.umn.edu/documents/materials/instructor.html#id427613</a></p> |
| <p><b>Addressing Fatherhood with Men who Batter: A curriculum for working with abusive men as fathers in batterer intervention program</b></p> <p>Melissa Scaia, Laura Connelly and John Downing</p> | <p>This program offers 5 to 8 exercises under each of four themes: 1) Examining men's own childhood experiences with their father; 2) Impact of batterer by men on children; 3) Becoming a more nurturing, child-centered father; and 4) Examining how man can be respectful, nonabusive and more supportive of their children's mother and of the mother-child relationship. The curriculum is designed for use as part of, or following, batterer intervention.</p>   | <p>Curriculum and an associated DVD is available from the Advocates for Family Peace at <a href="http://www.stopdomesticabuse.org/">http://www.stopdomesticabuse.org/</a></p>  |
| <p><b>Restorative Parenting Activities: A Group Facilitation Curriculum</b></p>  | <p>Emerging from the restorative justice framework, the Restorative Parenting curriculum offers a series of exercises designed to help men built empathy for their children and take responsibility for their abuse and its impact. This program can be offered as a stand-alone program or as a component of batterer intervention or parenting classes.</p>   | <p>Curriculum is available at <a href="http://www.globalvp.umn.edu/documents/fathering/Restorative%20Parenting_Curri.pdf">http://www.globalvp.umn.edu/documents/fathering/Restorative%20Parenting_Curri.pdf</a></p>  |

## In Brief: Parenting Interventions for Men Who Batter

Katreena Scott with contributions from Fernando Mederos

As part of the ongoing effort to prevent violence against women, recent years have seen an increased interest in services for fathers who batter their children's mothers. Research has provided compelling reasons to intervene with violent fathers, including the expanded role of today's fathers in children's lives (Sandberg & Hofferth, 2001); the positive psychosocial outcomes associated with involved fathers behaviors (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008; Allen & Daly, 2007; Marshall, English, & Stewart, 2001); and the risks for psychological health associated with child exposure to domestic violence (Evans, Davies, & DiLillo, 2008; Kitzmann, Gavlord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre, & Jaffe, 2003). Moreover, except in extreme cases, most children maintain contact with their fathers despite past or current violence (Scott & Crooks, 2004). Parenting interventions for men who batter attempt to address these realities while reducing the burden of child protection on mothers (Scott & Crooks, 2007). Ideally, such interventions improve outcomes for women and child survivors of domestic violence.

Interventions for batterer fathers are based on preliminary research into this population. The most widely recognized characterization of fathers who batter mothers describes them as hostile, demanding, and controlling (Bancroft & Silverman, 2002; now revised, Bancroft, Silverman, Ritchie, 2012); children of batterer fathers are also at greater risk of being abused (Stith et al., 2009; Salisbury, Henning, & Holding, 2009; Smith Slep & O'Leary, 2005; Edleson, 1999). Not all batterer fathers fit this profile, however; some are emotionally or physically disconnected from their children (e.g. Martin et al., 2009; Perel & Peled, 2008; Scott & Crooks, 2007; Fox & Benson, 2004); while others are able to maintain healthy and connected relationships. Until further research can be conducted, it is important to recognize that batterer fathers are a heterogeneous group with a range of characteristics and needs.

Parenting interventions for men who batter share four aspects in common:

- Use of a motivational approach to engage and retain fathers in intervention. All programs use the principles of motivational interviewing to encourage men's reflection on intergenerational patterns of violence and draw on their commitment to being good fathers (Perel & Peled, 2008; Crooks et al. 2006; Fox, Sayers, & Bruce, 2001; Miller & Rollnick, 2002).
- Continued emphasis on the need to end violence against their children's mothers. Men are taught that they cannot abuse their children's mother without also hurting their children (Evans et al., 2008; Scott & Crooks, 2004; Katz & Low, 2004; Kitzmann et al., 2003; Wolfe et al., 2003). Most programs collaborate with services for battered women to ensure they are responsive to the needs and goals of victimized women and children (Scott, Francis, Crooks, & Kelly, 2006).
- Program content addressing accountability for past abuse. All existing curricula include exercises to help fathers understand the traumatic impact of their violence on their children (Perel & Peled, 2008; Scott & Crooks, 2004).

Along with these common features, the field also includes areas of controversy.

- How can we best guard against potential unintended consequences of parenting programs for men who batter? Not all fathers benefit from intervention or understand why access to their children has been restricted, and thus represent continuing risk to their partners and children (Lishak & Scott, 2012; DeGarmo, 2010; Jaffee et al., 2003). An intervention may unintentionally increase risk to women and



children if participating fathers are given access to their children despite lack of real progress (Scott & Crooks, 2007).

- What is the best timing of parenting interventions for men who batter, especially in contrast to programs that specifically address domestic violence? Some recommend that parenting programs be restricted to fathers who have completed a batterer intervention program (see *Caring Dads* program, [http://www.respect.uk.net/data/files/respect\\_position\\_statement\\_on\\_the\\_caring\\_dads\\_programme.pdf](http://www.respect.uk.net/data/files/respect_position_statement_on_the_caring_dads_programme.pdf)). Others argue that such a limitation can be unnecessary and even dangerous in cases where the primary physical risk is to children; individual assessment, rather than blanket restrictions, are encouraged (Ver Steegh & Dalton, 2008).
- Should parenting programs for men who batter be separated from those for fathers who have abused or neglected their children? All programs acknowledge the research showing a considerable overlap between men who batter women and men who abuse and neglect their children (e.g. Hamby, Finkelhor, Turner, & Ormrod, 2010; Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Edleson, 1999); however, they vary in the extent to which they address child maltreatment in their curricula.
- What are the perspectives of women on parenting programs for men who batter, and how can we ensure the voices of women and children victims of men's abuse be considered in these programs? While many programs are vigilant about engaging with women's advocates, the inclusion of women victims' perspectives is more complex due to the unique challenges faced by battered mothers (e.g. Lapierre, 2010; Létourneau, Fedick, & Willms, 2007; Levendosky & Graham-Bermann, 2001). For example, battered women are often compelled to continue parenting with their batterer; parenting interventions for batterer fathers may increase pressure on mothers at the expense of mother and child safety.

There are many compelling reasons to include fathers in the efforts to end violence against women and children. When batterer fathers are not considered in interventions, mothers become solely responsible for assessing, monitoring, and responding to concerns about fathers' parenting. Further research and strong connections to other service providers will help minimize the potential risks of parenting interventions for batterer fathers. Well-designed and collaboratively linked parenting programs for men who batter have the potential to support healthier and safer relationships between parents and children.

See the full Applied Research paper: Scott, Katreena (2012, June). *Parenting Interventions for Men Who Batter*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Available at: <http://www.vawnet.org>

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## Practical Considerations for Parenting Interventions for Men who Batter

Katreena Scott

With contributions from Fernando Mederos

*“‘Mature’ agencies are those with an agency-wide commitment to engaging fathers, whose staff all understand the potential positive and negative impact of fathers on their children’s development, who routinely consider and involve fathers in intervention planning and who view fathers and mothers as equally important targets of intervention. In the absence of this type of environment, agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.”*

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

The Applied Research initiative represents a collaboration between the National Resource Center on Domestic Violence, the National Sexual Violence Resource Center, and the Minnesota Center Against Violence and Abuse.

VAWnet is a project of the  
National Resource Center on  
Domestic Violence.

This is a companion paper to another VAWnet applied research paper titled *Parenting Interventions for Men who Batter* (Scott, 2012). *Parenting Interventions for Men who Batter* describes developments in the field of parenting programs for men who batter, identifies commonalities across pioneering programs in approach and philosophy, and highlights areas of greater debate within the field. Although these questions of principle are extremely important, there are also a number of very practical questions that need to be addressed. These include questions about program length and organization, referral routes, specific program content, and nature of collaboration between agencies. This companion paper addresses these practical concerns.

Fortunately, parenting programs for men who batter exist at the intersection of a variety of literatures capable of informing continued program development, including parent training, fathering, batterer intervention, and child welfare. In each of these areas, there have been recent reviews and meta-analyses conducted to help guide future development of services. Parent training programs, for example, have been central to interventions for reducing mothers’ risk for child maltreatment. Parenting programs build upon evidence that abusive parents, compared to non-abusive parents, are less able to problem-solve in child-rearing situations, set reasonable expectations for their children, and interpret children’s nonverbal cues. These programs generally focus on teaching parents to more accurately interpret their children’s behaviors, develop better ways to discipline and attend to their children, and reduce parenting stress. There have been numerous reviews and a few meta-analyses of the efficacy of parent training that target families at-risk for maltreatment (MacLeod & Nelson, 2000), including two that carefully investigated characteristics of interventions likely to be more successful (Lundahl, Nimer, & Parsons, 2006; Skowron & Reinemann, 2005), making it possible to draw on lessons learned from these interventions.

A second area of intersection is fathering, or fatherhood, programs. A common theme among these programs is the need for men to develop the capacity to care for themselves in order to become more effective and responsible fathers (Levine & Pittinsky, 1997). Accordingly, some programs target men's work skills, employment, and self-sufficiency, while others work with fathers who face challenges, such as heavy use of drugs or alcohol or a history of incarceration. Still other programs target men's co-parenting with their children's mothers. Recent reviews of literature in this area provided numerous recommendations for continued development of fatherhood programs and for continued engagement of fathers into more general child and family services (Bronte-Tinkew, Carrano, Allen, Bowie, Mbawa, & Matthews, 2007; Burgess, 2009)

Finally, we can learn about parenting programs for men who batter from considering the literature on child protection and batterer intervention. From this area, we have chosen to highlight shared findings about the risk factors/intervention needs common to abusive parenting and perpetration of domestic violence. This paper reviews these literatures (i.e., parent training, fatherhood programs, child protection and batterer intervention) as a basis for offering recommendations for parenting programs for batterers in four areas: recruitment, program organization, intervention content, and collaborative relationships with other service providers.

### **Recruitment**

Over the past two decades, many attempts have been made to engage fathers in parenting support and intervention programs that have traditionally served women and children. What we have learned from these efforts is that it is not enough to simply invite fathers to already established services: very few fathers come (Phares, Fields, & Binitie, 2006; Rimm-Kaufman & Zhang, 2005). Fortunately, literature on fatherhood programs and, to a lesser extent, parent training, offer research and practice recommendations for recruiting and retaining men in services (e.g. Lengua, Rose, Schupak-Neuberg, Michaels, Berg, & Weschler, 1992; Pruett, Cowan,

Cowan & Pruett, 2009). These recommendations include the following:

*Make programs father-friendly.* Large differences in father engagement exist between agencies that are "mature" in their engagement of fathers and those that are not (Burgess, 2009). "Mature" agencies are those with an agency-wide commitment to engaging fathers, whose staff all understand the potential positive and negative impact of fathers on their children's development, who routinely consider and involve fathers in intervention planning and who view fathers and mothers as equally important targets of intervention. In the absence of this type of environment, agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.

*Use teaching methods and materials that are appropriate for fathers and for the cultures of the populations being served.* Another recommendation for success is to ensure that programs and materials are culturally sensitive. If possible, it is recommended that programs are staffed by fathers from within the same cultural group or from similar living environments as program participants, so that facilitators have an understanding of the models of fatherhood and challenges to fathers that are most relevant to their clients.

*Use incentives to engage fathers and families.* The use of incentives to motivate fathers to participate in programs is recommended as a potential method of engaging and retaining fathers. In addition to incentives such as meals and bus tickets, Bronte-Tinkew and colleagues (2007) recommend considering cash incentives as a method of prompting engagement. Burgess (2009) takes a different approach. Rather than providing incentives to engage fathers, she recommends encouraging agencies, staff, women and men to all hold, communicate and reinforce the expectation that fathers be involved in services.

*Consider mandating treatment.* A meta-analysis of interventions for child maltreatment concluded that mandating treatment is not associated with lower

treatment efficacy, and may in fact reduce drop-out rates and increase compliance (Skowron & Reinemann, 2005).

*Be creative with outreach.* A final recommendation is to be creative with efforts to recruit fathers. In the programs reviewed by Bronte-Tinkew and colleagues (2007), an identified transition (new father, application to the court for divorce) or a problem (incarceration, previous drug use) was often the means of recruitment. Burgess (2009) focuses more broadly on the need for all parenting and family support services to expect and encourage father engagement from the onset, view fathers' involvement as equally important as that of mothers and to repeatedly emphasize to men the benefits of their engagement in intervention.

In considering these recommendations, three referral routes stand out. The first is referral through criminal court and associated batterer intervention programs. Such referral could occur as part of a pre-sentencing condition, as a condition of a probation order, or as a voluntary or mandated add-on service to batterer intervention. The advantages of criminal court-based refers are the clear mandate of men to intervention, existing protocols for risk assessment and management, and attention to safety of women as a traditional component of practice with men who batter. The disadvantage concerns the capacity to integrate planning with child protection and mental health services and ensure that intervening with men as fathers is in the best interest of their children.

At the next broadest level, recruitment might occur through professionals concerned with child protection. The National Data Archive on Child Abuse and Neglect (US Department of Health and Human Services, 2010) reports that, in 2007, 794,000 children were verified victims of child abuse or neglect by child protective services (10.6/1000 children). Domestic violence is a co-occurring problem in a majority of these cases. However, because interventions to protect children and reduce risk for child maltreatment focus primarily on mothers (Brown, Callahan, Strega, Walmsley, & Dominelli, 2008; Featherstone, Hooper, Scourfield,

& Taylor, 2010; Strega, Fleet, Brown, Dominelli, Callahan, & Walmsley, 2008), the potential to intervene with battering fathers is very often lost (Scott & Crooks, 2004). A change in practice within child protection to better recognize fathers could become part of child protection planning and generate referrals of men to parenting interventions for men who batter, as well as to batterer interventions more generally. This referral route has the significant advantage of professional involvement with men's children which could provide a feedback loop into the program and would allow follow-up when fathers fail to engage or progress in services.

A third source of referral is through family court as part of the process of separation and divorce. Rates of abuse are high among couples coming to the attention of the court for problems with resolving separation agreements. Following on research findings that unharmonious and antagonistic co-parenting relationships consistently relate to poorer outcomes for children, a number of fatherhood programs aim to promote and strengthen co-parenting relationships. Programs have used a variety of recruitment methods including court mandate (e.g. PEACE program) and voluntary recruitment with monetary incentive following divorce proceedings (e.g. Dads for Life). The advantage of recruiting from the courts is potential access to an even broader population of fathers; however, there are also many challenges. As outlined in the companion paper *Parenting Interventions for Men who Batter*, the population of fathers who have exposed their children to abuse of their mothers requires an intervention program that is oriented towards monitoring and addressing men's risk for future violence and abuse and ensuring the safety of women and children. This work requires a level of service coordination and sensitivity to issues of women's victimization that are generally absent in community and child and family mental health-based parenting programs. Moreover, when working with family courts, great care needs to be taken in deriving clear agreements about information sharing and involvement in subsequent litigation to prevent program completion, in and of itself, as being the basis for changes in custody or access.

Finally, fathers might be recruited with incentives and encouragement from the community, in particular from programs such as mental health and community services for children and families. Although community-based recruitment has the significant advantage of potentially reaching fathers early in the development of problems, it is likely to be fairly inefficient and labor intensive. A better option might be to improve the capacity within community and health services to recognize and engage fathers and families where men's behavior is problematic so that abusive fathers who are already engaged in more general services can be better recognized and diverted into such a program.

Pioneering programs for fathers who batter already follow many of these recommendations for enhancing recruitment and retention and utilize many of these referral routes (e.g. Scaia, Connelly, & Downing, 2010 Scott, Francis, Crooks, & Kelly, 2006). These programs are father-friendly and have been developed with consideration to issues of cultural diversity. More controversial is the use of incentives to enhance recruitment and program retention. Although practice is changing (Murphy & Maiuro, 2009), batterer intervention programs have traditionally avoided all forms of incentives (including the provision of snacks) to emphasize accountability for fathers in attendance. This philosophy is in contrast to parenting and fathering programs that typically go to great lengths to ensure they are welcoming to clients and that view provision of small incentives, such as food, bus tickets, and small children's toys, as part of practice. Parenting programs for men who batter vary in their adoption of these approaches, with most adopting an inviting style of intervention but coupling this with fairly strict rules about program attendance.

### **Program Organization**

The literature on parent training and fatherhood programs also has direct relevance for the organization of parenting programs for men who batter. Drawing from this literature, the following recommendations can be made:

*Include a mix of behavioral and attitudinal components.* Reviews of parent training literature have concluded that interventions that include a mix of behavioral (e.g., skills training, role play, directed practice) and attitudinal (e.g., discussion of strategies for dealing with concerns, education about child development) components yield more positive results than either alone (Skowron & Reinemann, 2005; Lundahl et al., 2006).

*Offer intervention using a combination of group and individual sessions.* Similarly, analysis of studies on parent training (Lundahl et al., 2006) and fatherhood programs (Bronte-Tinkew et al., 2007) have concluded that a combination of group and individual delivery is superior to either group or individual work alone. Parental attitudes change more through group delivery, perhaps because parents' long-held attitudes are better challenged by the power of group consent on what is correct. Individual delivery, on the other hand, likely provides a means to conduct a more thorough functional assessment of the steps leading to abusive or neglectful behavior and to develop individually-tailored intervention plans. Individual sessions also offer opportunity for case management, and can promote coordination of services for other co-occurring problems such as substance use, employment, or mental health.

*Offer longer treatments.* Meta-analysis of the literature on parent training for populations at-risk for abuse and reviews of fatherhood programs are consistent in concluding that longer treatments (i.e., those lasting a minimum of two to three months) are associated with greater gains than shorter ones (Bronte-Tinkew et al., 2007, Lundahl et al., 2006). There is also some evidence that treatments that last for a year are more effective than shorter-term (i.e. two to three months) interventions (Skowron & Reinemann, 2005).

*Use a targeted replicable curriculum.* Interventions that use a specified set of activities based on a clear theoretical program model are more successful than interventions that use less theoretical and less structured programs (Bronte-Tinkew et al., 2007).



*Select teachers and facilitators with experience and provide them with relevant training and coaching.* Perhaps unsurprisingly, programs with the most positive outcomes use facilitators with greater experience and training (Bronte-Tinkew et al., 2007). Success of the programs is specifically associated with programs having facilitators with solid theoretical grounding in the program model being used, considerable experience in working with families, culturally competent and experienced in working with the specific population targeted by the intervention. Success of the program is also associated with structured training and ongoing supervision of group leaders.

In summary, these recommendations suggest certain program structures and components for increasing the effectiveness of programs that offer parenting training to men who batter. An ideal program would be based on a clear and replicable program model, would include both group and individual components, and last for a period of at least three months. Facilitators hired for the program would be experienced and culturally competent, would receive training and supervision, and would have a clear understanding of the program theory and intervention model. The program itself would include activities targeting both behavioral and attitudinal components of parenting. A model program would also include case management to facilitate coordination of interventions to address issues such as unemployment, substance use, and other problems faced by men as fathers.

Once again, many of these recommended aspects of program organization are already in place in developing services for fathers who batter. Perhaps the most challenging recommendation is including individual sessions in program interventions, although the difficulties associated with this are likely to be financial rather than conceptual. There are creative ways to combine group and individual practice. For example, in the Incredible Years program parents attend a series of groups, followed by individualized telephone-based consultation and follow-up. In the most recent revision of the Caring Dads program, facilitators replace normal group

session with brief individual work on one or two occasions midway through the group (i.e., during the time group would normally run, men attend 20 minute individual meetings). With continued development of models of intervention that strategically combine group and individual sessions in a planned manner, it may be possible to gain the benefits of a combined group and individual service even within the limitations of current funding.

### **Program Content**

Many existing parenting programs for batterers have been developed by batterer intervention service providers. It is therefore unsurprising that programs focus on teaching men about the effects of domestic violence, developing men's accountability for past abuse, and on changing men's abuse-supporting attitudes. Less emphasis has been placed on content typically covered in parent training programs. There is an extensive literature on risk factors for child maltreatment and for men's abuse of women, and there is a remarkable degree of similarity in the core problems identified in both literatures (see risk factor reviews by Black, Heyman, & Slep, 2001; Black, Slep, & Heyman, 2001; Lee, Guterman, & Yookyong, 2008; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001; Stith et al., 2009; Wilson, Rack, Shi, & Norris, 2008 and comparisons of abusive mothers and fathers by Pittman & Buckley, 2006; Schaeffer, Alexander, Bethke, & Kertz., 2005). Drawing on these reviews, the following paragraphs highlight four content areas that are most relevant to parenting interventions for men who batter:

*Focus on reducing over-reactivity/anger/hostility in parenting.* Elevations in anger, hostility, and over-reactivity are consistently reported in meta-analytic studies and reviews as predictors of child maltreatment (e.g. Stith et al., 2009) and in studies of the characteristics of men who batter (e.g., Eckhardt, Samper, & Murphy, 2008). Despite a broad recognition that heightened anger and hostility are characteristics of this population, the question of how to best conceptualize and address men's over-reactive, angry, and hostile parenting is somewhat controversial. Within the field of family violence,

addressing anger has had a complicated and highly political history. On one hand, anger management programs are not recommended for men who batter since those programs fail to address the wider context of men's controlling behavior and women's victimization and may fail to recognize that anger can be used deliberately by perpetrators to support a style of fear-based control (Gondolf, 2007; Gondolf & Russell, 1986). On the other hand, self-monitoring of emotion and management of anger has long been a part of skills taught in batterer intervention programs. Review of the literature on the potential needs of fathers who have battered suggests that this complex view of anger be maintained within parenting programs for men who batter. Specifically, intervention for this population should include exercises to:

- help fathers identify attitudes and beliefs about children and children's mothers that underlie high levels of anger and hostility and prompt inordinately angry reactions to annoying child behaviors;
- identify and address instances and patterns of men's use of anger to gain control or compliance;
- target distorted patterns of thinking using cognitive-behavioral methods; and
- teach men skills for recognizing and reducing levels of angry arousal.

*Teach strategies for respectful parenting, co-parenting, or parallel-parenting with their children's mothers.* Fathers in a parenting program for men who batter will almost always be in a situation of shared parenting with their children's mothers. In some cases, men will be living with their families. Other times, men will be living separately from their partners and children and sharing parenting responsibilities with children's mothers directly or through third-party communication. Still other men may be seeing their children only in supervised access centers. Regardless of their situation, conflict (direct and/or indirect) often continues between fathers and mothers. Conflict such as this predicts child maltreatment by fathers and is independently harmful to children's development (e.g., Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003),

particularly when such conflict is focused on children (Katz & Low, 2004). Helping fathers behave respectfully towards their children's mothers is therefore critical. Fathers will benefit from program content that helps them develop an appreciation for mothers' importance to children's wellbeing and advances men's skills for engaging in more cooperative shared parenting.

*Improve the quality of father-child relationships by addressing fathers' attitudes and skills.*

Observational, experimental, and questionnaire-based studies have all found that maltreating parents differ from non-maltreating parents in their attitudes and behaviors. Specifically, maltreating parents are considerably more likely to assume that their children are intentionally engaging in negative behaviors and consistently engage in lower levels of positive, attuned engagement with their children (Perez-Albeniz & de Paul, 2004; Francis & Wolfe, 2008). Moreover, change in both of these areas has been associated with reduced risk for subsequent abuse (Bugental & Schwartz, 2009; Bugental et al., 2010). Fathering programs for men who batter should therefore address both attributions and positive behaviors as targets of intervention. Distorted attributions can be addressed by educating fathers on children's development, including reactions to domestic violence, and by eliciting and countering men's misattributions. These interventions build fathers' tolerance and acceptance of children's challenging behaviors. Fathers' positive engagement with their children can be increased through direct teaching of skills for reading to children, playing and talking with children, and through coached practice in noticing and praising children.

*Address men's abuse of substances.* A final risk factor for violence in the family is substance abuse. For men, the relationship between substance misuse and both woman abuse and child maltreatment is very robust. There is also evidence for an ongoing association of substance abuse and repeat maltreatment (Jones & Gondolf, 2001). Therefore, interventions targeting fathers who have battered should attend to substance abuse as a risk factor for

future violence.

*These four content areas are differentially reflected in pioneering parenting programs for men who batter.* Certainly, all programs target men's attitudes about the acceptability and justifiability of abusive and controlling behaviors and provide education on the need to avoid harsh discipline. Integration of broader skills-based treatment targets, such as problem-solving for difficulties in shared parenting and strategies to play with, read to, and talk to children are included with less consistency. Although screening for substance use problems may be in place, there are few examples of intervention programs for men who batter that integrate treatment for substance abuse, violence, and parenting as overlapping problems. As the field develops, it is important that studies examine the aspects of treatment identified by clients, families, providers, and empirical data as most helpful for promoting both reductions in men's abusive behaviors and improvements in their parenting.

**Collaborative, inter-agency practice to assess, monitor and contain risk**

A final recommendation for parenting programs for men who batter concerns the way in which such programs are linked to other services aiming to end family violence. The fields of child protection and batterer intervention both acknowledge that a proportion of clients will likely not benefit from intervention. Studies of batterer interventions, for example, have found that around 15% to 20% of offenders are likely to be chronic and severe abusers, despite intervention attempts (Klein & Tobin, 2008; Gondolf, 2001; Bennett, Stoops, Call, & Flett, 2007). Thus, containment measures are necessary to ensure the safety of potential victims of abuse. For such containment measures to work, it is necessary to have strong communication and coordination across agencies. Improved communication and collaboration within and across agencies is one of the most common recommendations of child abuse and domestic violence fatality reviews (Douglas & Cunningham, 2008), and is generally recommended for improved domestic violence and child

maltreatment services (Allen, 2006 Pennington-Zoellner, 2009). Parenting programs for men who batter might include the following practices:

*Shared intake with program referrers.* One way to address the communication gap between professionals across agencies (and between professionals and clients) is to organize joint intake appointments. Joint intakes provide a forum for clear communication about the reason for referral and the desired outcome of intervention.

*Regularly scheduled check-ins with referrers.* Regularly scheduled contacts between facilitators of fathering groups for men who batter and the justice, child protection, or family intervention professionals that referred men to group are other ways to improve communication. Such contacts are most helpful when focused on discussions about men's progress, or lack of progress, towards program goals, and on review of actions taken by clients and referrers to ensure reduced risk to victims of men's abuse. Care needs to be taken to ensure that such contacts remain focused on assessing, monitoring and containing risk rather than drift into providing advocacy for fathers.

*Thorough follow-up on failed referrals and program drop-outs.* Longitudinal research on the outcomes of intervention for men who have abused their partners and for parents who have maltreated their children have found that treatment drop-out is a good predictor of re-assault (Gondolf, 2001). For example, analyzing 899 men referred to 30 different BIP programs, Bennett and colleagues (2007) found that program dropout increased the likelihood of reassault by 39%. Given these findings, it is particularly important that intervention programs for fathers who have battered work with referral agents and other professionals to ensure that appropriate protective measures are in place for all members of the family when fathers drop out of a parenting intervention program.

*Organization of and participation in multi-agency case management teams for clients at high levels of risk.* Finally, for those clients who pose an especially high risk to women and/or children, the formation of

high-risk case management teams is recommended. These teams bring together all of the professionals working with men and their families to develop comprehensive safety plans and risk management strategies with the parties involved. Follow-up meetings are held to ensure appropriate monitoring and response, as well as ongoing evaluation of the level of risk. Although such teams need to be vigilant to issues of confidentiality and protection of information, they are a powerful forum for increasing the effectiveness of our responses to high risk cases.

### Conclusions

Pioneering interventions for men who batter need to be based on clear principles and guidelines that protect the safety and well-being of women and children. Such considerations are outlined in a companion paper entitled *Parenting Interventions for Men who Batter*. Also important are considerations about the practicalities of service provision, such as how to best recruit fathers into the program, how programs might best be organized, and on the collaborative structure and policies that are useful to guide program work. The current paper drew on lessons learned in parenting, fathering, batterer, and child protective interventions to make some fairly clear recommendations for the content and structure of a program targeting the fathering of men who batter. Issues around recruitment were initially considered. Recommendations were made for program to be father-friendly, to engage in creative outreach, and to consider the value of mandating men to treatment. A variety of referral routes were outlined, and their advantages and disadvantages were highlighted.

In terms of content, parenting programs for men who batter should include a focus on risk factors common to battering and to poor parenting. Specifically, program content should work to reduce fathers' anger, hostility, and over-reactivity to children and to children's mothers; increase men's engagement in respectful and cooperative co-parenting with children's mothers; increase fathers' positive and

involved interactions with their children; and reduce the frequency of aversive father-child interactions. A model parenting program for men who batter would also address the negative attributions fathers make about their children's behavior. Most often, this will mean educating and challenging men about child development and the impact of exposure to abuse (and potentially direct maltreatment) on their children's behaviors. Finally, a model parenting program for men who batter would include materials to help men make fathering a clear and consistent priority (be it as a residential or separated father).

From a structural perspective, a model program would include both group and individual components and last for a period of at least three to four months. Facilitators hired for the program would be experienced and would have a clear understanding of the program model. The program itself would include activities targeting both behavioral and attitudinal components of parenting and would use materials that are sensitive to culture, background, and parenting experiences of group participants. A model program might also include case management and integrated or coordinated interventions to address issues such as unemployment, substance use, and other problems faced by men as fathers.

Finally, parenting programs for men who batter should engage in cooperative, coordinated inter-agency practice to assess, monitor, and reduce risks to potential victims of men's abuse. As outlined in the previous paper, adhering to this recommendation requires that, at a minimum, parenting programs for men who batter have active partnerships with shelter and advocacy agencies for battered women and with child protective services and clear policies set out for assessing and sharing information about any change in men's risk of violence. However, collaboration can also be instituted in the practice guidelines for program facilitation. Herein, recommendations were made for joint intake appointment, regularly scheduled check-ins between program facilitators and referrers, thorough follow-up on men who dropout, and the organization of multi-agency teams for management of high-risk cases.

These recommendations are not always easy to achieve and some represent clear change in the structure and content of programs most commonly available. However, it is also extremely exciting to be able to build on lessons learned from parenting, child protection, batterer and fathering interventions to develop efficacious programs for men who batter that can contribute to communities' efforts to end violence against women and children.

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## In Brief: Practical Considerations for Parenting Interventions for Men who Batter

Pioneering interventions for men who batter need to be based on clear principles and guidelines that protect the safety and well-being of women and children. Such considerations are outlined in a companion paper entitled *Parenting Interventions for Men who Batter*. Also important are considerations about the practicalities of service provision, including questions about program length and organization, referral routes, specific program content, and nature of collaboration between agencies. Lessons learned from parenting, fathering, batterer, and child protective interventions are the basis for offering practical recommendations for parenting programs for batterers.

### Recruitment

Referral routes can be organized through the criminal court system, child-protection professionals, or family court. But is not enough to simply invite fathers to established services: very few fathers come (Phares, Fields, & Binitie, 2006; Rimm-Kaufman & Zhang, 2005). Literature on fatherhood programs and parent training offer recommendations for recruiting and retaining men in services (e.g. Lengua, Rose, Schupak-Neuberg, Michaels, Berg, & Weschler, 1992; Pruett, Cowan, Cowan & Pruett, 2009), including:

- Make programs father-friendly. Agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.
- Use teaching methods and materials that are appropriate for fathers and for the cultures of the populations being served.
- Use incentives to engage fathers and families, such as meal and bus tickets, cash, and agency-wide reinforcement of the expectation that fathers be involved in services (Burges, 2009; Bronte-Tinkew et al., 2007).
- Consider mandating treatment. Mandates are not associated with lower treatment efficacy, and may in fact reduce drop-out rates and increase compliance (Skowron & Reinemann, 2005).
- Be creative with outreach and emphasize the benefits of men's engagement in intervention (Burgess, 2009). For example, recruit during an identified transition (new father, application to the court for divorce) or a problem (incarceration, previous drug use) (Bronte-Tinkew et al., 2007).

### Program Organization

The literature on parent training and fatherhood programs also has direct relevance for the organization of parenting programs for men who batter. The following recommendations can be made:

- Include a mix of behavioral and attitudinal components (Skowron & Reinemann, 2005; Lundahl et al., 2006).
- Use a combination of group and individual sessions to assure comprehensive treatment (Lundahl et al., 2006; Bronte-Tinkew et al., 2007).
- Lengthen the duration of treatment time (ie. a minimum of two to three months) (Bronte-Tinkew et al., 2007; Lundahl et al., 2006).
- Work with a targeted replicable curriculum that has a clear theoretical foundation (Bronte-Tinkew et al., 2007).
- Select teachers and facilitators with experience and relevant training (Bronte-Tinkew et al., 2007).

**Program Content**

Many existing parenting interventions for men who batter focus less on content typically covered in parent training programs, and more on themes developed by batterer service providers: effects of domestic violence, accountability for past abuse, and changing men's abuse-supporting attitudes. A review of the literature on child maltreatment and men's abuse of women yields the following recommendations for program content:

- Focus on reducing over-reactivity/anger/hostility in parenting (Stith et al., 2009; Eckhardt, Samper, & Murphy, 2008), using a complex view of the role of anger in family violence (Gondolf, 2007; Gondolf & Russell, 1986).
- Teach strategies for respectful parenting, co-parenting, or parallel-parenting with their children's mothers; continued conflict between mothers and fathers is associated with negative outcomes for children (Katz & Low, 2004; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).
- Improve the quality of father-child relationships by addressing fathers' attitudes and skills. Interventions that build fathers' tolerance of challenging behaviors and increase positive engagement with their children help reduce the risk factors for child maltreatment (Bugental et al., 2010; Bugental & Schwartz, 2009; Francis & Wolfe, 2008; Perez-Albeniz & de Paul, 2004).
- Address men's abuse of substances as a significant risk factor for both woman abuse and child maltreatment (Jones & Gondolf, 2001).

**Collaborative Management of Risk**

Improved inter-agency collaboration is one of the most common recommendations of child abuse and domestic violence services (Pennington-Zoellner, 2009; Douglas & Cunningham, 2008; Allen, 2006); this is particularly true of parenting interventions for men who batter. A proportion of clients will likely not benefit from intervention (Klein & Tobin, 2008; Gondolf, 2001; Bennett, Stoops, Call, & Flett, 2007). Containment measures become necessary to ensure the safety of potential victims of abuse, requiring strong communication and coordination across agencies. Recommendations include:

- Shared intake with program referrers. Joint intakes provide a forum for clear communication about the reason for referral and the desired outcome of intervention.
- Regularly scheduled check-ins with referrers. Such contacts must remain focused on assessing, monitoring, and containing risk and avoid drifting into providing advocacy for fathers.
- Thorough follow-up on failed referrals and program drop-outs. Research demonstrates that treatment drop-out is a good predictor of re-assault (Bennet et al., 2007; Gondolf, 2001); in these cases, intervention programs must ensure that appropriate protective measures are in place for all members of the family.
- Organization of and participation in multi-agency case management teams for clients at high levels of risk. While such teams need to be vigilant to issues of confidentiality and protection of information, they can develop comprehensive safety plans and risk management strategies for men and their families.

See the full Applied Research paper: Scott, Katreena (2012, June). *Practical Considerations for Parenting Interventions for Men who Batter*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Available at: <http://www.vawnet.org>

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