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Fatherhood and Intimate Partner Violence: Bringing the Parenting Role into Intervention Strategies

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Abstract

A large percentage of men who perpetrate intimate partner violence (IPV) are fathers who continue to live with or have visitation with their children. Yet, providers rarely consider that fathers who perpetrate IPV may benefit from a parent-child focused intervention. Therapeutic work with men, who perpetrate IPV, especially with their children, is complex with issues of child safety taking precedence. This article is meant to provide: 1) a rationale for considering father-child intervention in the context of IPV; 2) specific strategies for assessment; 3) guidelines for determining if a father is appropriate for such intervention; and 4) a review of treatment approaches that have been developed that may assist clinicians in work with this population.

Estimates suggest approximately 17 million children are living in homes with intimate partner violence (IPV) in the United States (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006), defined as physical, psychological, or sexual violence perpetrated against an intimate partner. It is well documented that exposure to IPV can result in significant psychological difficulties and negative outcomes for children (Kitzmann, Gaylord, Holt, & Kenny, 2003). Additionally, children living in homes with IPV are at significant risk for child maltreatment with a recent study indicating one third of youth exposed to IPV also report experiencing child maltreatment in the last year (Hamby, Finkelhor, Turner, & Ormrod, 2010). Seventy six percent of child maltreatment is perpetrated by a biological parent with 43% of those cases at the hands of biological fathers (Sedlak et al., 2010). Children aged six to 14 are significantly more likely to be physically abused than children aged birth to two.

While there are a wide variety of intervention programs designed for men who perpetrate IPV, there are limited nationwide standards that mandate parenting, coparenting, or fathering interventions to be included as part of court mandated programs for male batterers (Gewirtz & Menakm, 2004) and child protective service agencies are often unable to find parenting intervention programs for fathers who perpetrate IPV. This is despite studies that indicate more than 60% of men who are arrested for IPV are in a father role (Rothman, Mandel, & Silverman, 2007) and more than 60% of children continue to live with or visit their fathers regularly following an incident of IPV (Israel & Stover, 2009). Add to these numbers the high incidence of psychological symptoms and difficulties of these children that make them more difficult to parent and you have a pressing need for parenting interventions in these families.

Most programs designed for batterers focus on anger management, issues of power and control, and providing alternatives to end criminal behaviors. Though programs may use varied intervention methods, most have similar goals; accountability and legal justice, victim safety, and adaptive emotional and behavioral responses to prevent abuse (Austin & Dankwort, 1997; 1999 & Healy, Smith & O'Sullivan, 1998). According to Bennett & Williams (2001), about 80% of men in programs designed for abusive men are referred by

the court, following an arrest. This may result in hostility toward providers and hesitancy to disclose information that may be viewed as negative making engagement difficult.

In addition, research has shown that batterer intervention programs, as currently implemented by the criminal justice system, do not work for many men who perpetrate IPV with drop-out rates estimated at 50 to 75% for most programs (Scott, 2004) and little overall impact on recidivism rates (Babcock, Green, & Robie, 2004; Feder, 2005). The one size fits all approach to intervention has limited efficacy suggesting that more varied and individually tailored intervention approaches are needed. Consideration of father-child or family based interventions (especially couple treatment) has long been discounted as dangerous and unethical (Stith, McCollum, & Rosen, 2011). Recently, the field's understanding of IPV and the heterogeneity of dynamics within families suffering from IPV is becoming more nuanced. There is growing evidence of more perpetration of IPV by both men and women (Archer, 2002) and clear indications that some perpetrators and their families can benefit from couples intervention (Stith, McCollum, & Rosen, 2011; O'Leary & Cohen, 2007)). Although there are perpetrators of IPV who should not be considered for father-child or family intervention and careful assessment is needed before considering such an approach, some men who have an incident of violence within their relationship can benefit from inclusion of family focused intervention as part of their treatment (O'Leary & Cohen, 2007; Stith et al., 2011; Stith, Rosen, McCollum, & Thomsen, 2004; Stover, in press). This paper is intended to focus on the subset of men who are involved in violence in their relationships who could benefit from intervention focused on their roles as fathers. It will review the importance of considering father-child interventions in families impacted by IPV and effective assessment strategies for screening for compatibility and safety of treatment.

Why consider a father-child treatment in families impacted by IPV?

There is now substantial literature to show the importance of non-abusive fathers in the lives of children (Day & Lamb, 2004; Lamb, 1997, 2004; Marsiglio, Amato, Day, & Lamb, 2000). Research has shown that fathers are important to the psychosocial development of children and adolescents (Amato, 1991; Beaty, 1995; Hilton & Desrochers, 2002; Mandara & Murray, 2000) and their absence has differing impact on specific areas of child development such as gender-role development (Mandara, Murray, & Joyner, 2005). This general finding regarding the importance of father involvement is much more complicated in violent homes as exposure to IPV has been consistently linked to negative developmental and psychological outcomes for children and youth (e.g. (Crockenberg & Langrock, 2001; Kitzmann et al., 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003); and exposure to violence has significant implications for children's beliefs about family roles and men's positions as dominant to women (Bermann & Brescoll, 2000).

Although exposure to IPV is of significant developmental concern and stopping further exposure is paramount, dissolution of the family and/or loss of contact with fathers can also cause distress for children. Following domestic violence, children may have conflicted feelings towards their fathers. Peled's (1998) study of preadolescent children showed that children expressed a range of feelings towards their fathers that included love, terror, loyalty and fear. Some of the children tended to reframe or excuse the father's violent behaviors (Peled, 1998). Studies of preschool aged children have also indicated higher internalizing symptoms (e.g. depression, anxiety, withdrawal) and negative maternal representations in play for children who do not have regular visitation with their fathers after dissolution of the family unit (Stover, Van Horn, & Lieberman, 2006; Stover, Van Horn, Turner, Cooper, & Lieberman, 2003). Children's relationships to their fathers and their feelings and reactions following separation from him are complex and varied. Careful assessment of individual

family needs to determine the best course of action is important in families impacted by violence. Although treatment and interventions have been developed to target symptoms and problems of children following exposure to domestic violence or maltreatment, inclusion of fathers or what role they may play in the recovery of their children has not been well explored in the research or clinical literature.

What we know about Fathering and IPV

Fathers may not be fully aware of the impact of their violence on their children even if they express concern of potential negative impact. There are a few studies that examined violent men's report about their perception of violence or parenting. A survey study conducted with 464 men entering a batterer intervention group indicated 53% were worried about the long term effects of their violent behavior on their children (Rothman et al., 2007). Fifty six percent of the biological fathers interviewed reported they would seek professional help for themselves if they felt their violence was impacting their children with 42% and 43% reporting they would seek family counseling or professional help for their children respectively. Another large survey of 3,824 men participating in a court ordered evaluation following an arrest of IPV found the majority of the fathers acknowledged that their children had been exposed to interparental conflicts, but few perceived that their children had been affected by this exposure. Risk factors for child maltreatment were highly prevalent in the sample (Salisbury, Henning, & Holdford, 2009). Certainly studies have documented overlap between IPV and child maltreatment with co-occurrence rates approximated at close to 40% (Edleson, 2001; Hamby et al., 2010).

Baker and Padilla (2001) questioned IPV perpetrating fathers directly about their parenting stress and competence. The study interviewed immigrant Latino couples and found that parenting stress was not related to partner abuse, but that increased partner abuse was associated with lower feelings of parental competence. Fathers were aware of the impact of their abuse on their children and thus felt less competent as parents. In addition, 70% of the men in the sample felt they had no one to turn to for advice or questions related to parenting (Baker, Perilla, & Norris, 2001).

Fox and Benson (2004) used data from the National Survey of Families and Households to document differences in parenting behavior associated with IPV. Although they found no differences in time spent or types of activities shared with children between fathers with reported relationship aggression and those without, men prone to aggressive behavior with an intimate partner were more likely to demonstrate hostile-coercive parenting behavior (Fox & Benson, 2004). As has long been the concern of domestic violence advocates, Hame (2002) found that there is a category of abusive fathers who carried their expectations and dysfunctional interactions with their partners into their parenting practices. So while these fathers may claim that they love their children and are concerned about their well-being, careful assessment may reveal that such claims are self-serving and manipulative in nature. Some fathers may be motivated to continue interacting with their children following separation due to their own expectations that the children will give them unconditional love and acceptance. Such implicit motives and misconceptions regarding the role of children in fathers' lives may end up becoming the breeding ground for future abuse and psychological turmoil for the children. Fathers may implicitly imply to the children that it is their responsibility to meet the father's emotional needs instead of the adult partner. In such incidents, fathers may attempt to manipulate the therapeutic interventions to claim their children as "emotional property." In these cases, father-child interventions may be detrimental to the child.

However, there are other fathers who may genuinely echo their concerns about parenting skills and effects of intimate violence on their children (Litton Fox, Sayers, & Bruce, 2001). It is in this category of fathers that father-child interventions may be most beneficial. Careful assessment of the motivation, dangerousness and psychological functioning of each father is pivotal for intervention success and the overall well-being of the child. The clinician provides a unique insight regarding these issues and determining the course of treatment that would best serve the child's needs. The clinician is in the position to indicate when and if father-child intervention is appropriate or if individual work with the father would be more beneficial.

Assessing Fathers with IPV history for Treatment

The first and foremost issue that will pose a challenge in father-child interventions following IPV will be the initial phase of engagement and assessment. In many cases, reported domestic violence results in incarceration, removal from the house, restraining and protective orders against the father, job loss, and homelessness. This may result in initial hostility and suspicion towards authorities and therapists alike. Furthermore, these men may be concerned about legal ramifications of any disclosures or information they share (Lamb, 2004). Batterers tend to have the general perception that such programs are biased towards females given the focus of many programs regarding risk factors, safety and prevention of future violence (Gewirtz & Menakem, 2004). This perception tends to increase fathers' alienation in treatment programs. Accordingly, clinical providers have to convey the message that they are not "negative interferences" mandated by CPS and court. Instead, intervention programs are an opportunity to be listened to, learn effective ways to respond rather than react to situations, and learn child developmental stages and effective parenting skills. They should be used to provide batterers with a chance to get more involved in their children's lives in healthy, developmentally appropriate ways.

At the initial stage, assessing the motivational level and fathers' willingness to engage in treatment and implementation of Motivational Interviewing techniques (Miller & Rollnick, 2002) and unconditional positive regard may increase a father's sense that he is being heard and that a therapist is interested in helping rather than punishing him. Motivational interviewing has been used with perpetrators of IPV and those with cooccurring substance abuse disorders. There is evidence that this approach can increase engagement in treatment (Murphy & Maiuro, 2009; Murphy & Ting, 2010) especially for men who are fathers (Mbilinyi et al., 2009; Stover, in press). Giving men opportunity to tell their side of the story and identify their wants for change helps men feel validated and respected and more likely to take action (Anderson & Stewart, 1983). Acknowledgement that attending sessions may not be his choice, but the therapist is interested in setting goals that will make the time beneficial for him changes the tenor of the sessions from putative to positive. First focusing on his strengths and the ways the father sees himself succeeding as a father and partner can build rapport and allow him to become more open to learning new ways of communicating and parenting. Rolling with resistance related to his need for IPV or parenting treatment and instead focusing on his role as a father and his hopes and dreams for his children can be an effective engagement strategy with some men (Stover, in press).

Furthermore any form of effective father-child intervention will need to include consideration of how to coordinate with legal systems, child protection services, responsible father programs (Edleson & Williams, 2007), and other social services. Many times there is poor communication among all services involved. Service providers often encounter challenges when there are simultaneous legal/criminal proceedings, community services and child protection service operating in an uncoordinated way (Jaffe, Crooks, & Bala, 2005).