

## Caring Dads Safer Children:

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DOI:  
[10.1037/vio0000105](https://doi.org/10.1037/vio0000105)

Document Version  
Peer reviewed version

*Citation for published version (Harvard):*  
Taylor, J 2017, 'Caring Dads Safer Children: Families' perspectives on a intervention for maltreating fathers', *Psychology of Violence*. <https://doi.org/10.1037/vio0000105>

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## **Abstract**

**Objective:** The objective of the study was to evaluate whether Caring Dads Safer Children (CDSC), a programme for domestically abusive fathers based on the Canadian Caring Dads model and delivered by a UK based children's charity, improved outcomes for the fathers' families and reduced the risk of further exposure to domestic abuse. **Method:** The evaluation of CDSC used a mixed method design that uniquely included partners' and children's reports on wellbeing and the fathers' parenting and controlling behaviour. Two hundred and seventy-one evaluation participants (66% fathers, 26% partners or ex-partners and 8% children) provided pre- and post-programme reports about the behaviour of fathers attending at five centres in the UK. **Results:** Potential risks to children appeared to reduce post-programme, as fathers and partners reported fewer incidents of domestic abuse; fathers also reported that their interactions with their children improved and their experience of parenting stress, an indicator for potential abuse, reduced. Improvement in some fathers' behaviour appeared to contribute to increased feelings of safety and wellbeing within some families. Children and partners described positive changes in the fathers' behaviour; however, some fathers continued to pose a risk. Case notes indicated that the programme influenced referrers' decision making about children, either by providing evidence of the fathers' learning or highlighting continuing concerns. **Conclusions:** CDSC demonstrates promising evidence that the programme can contribute to reducing risks to children and families.

**Key words:** intimate partner violence; domestic abuse perpetrators; domestic violence; child abuse; programme evaluation

Children's exposure to domestic abuse presents immediate risks of physical and emotional harm; indicates a high probability of being subject to other types of abuse; and impedes developmental progress, being associated with higher rates of aggression, behavioural problems, depression, and post-traumatic stress (Evans, Davies & DiLillo, 2008). Adults exposed to domestic abuse as children are more likely to have health problems (Felitti et al, 1998; Corso, Edwards, Fang & Mercy, 2008) and are at greater risk of being a victim or perpetrator of domestic abuse (Whitfield, Anda, Dube & Felitti, 2003; Zanoni, Warburton & Bussey, 2014). Although the terms 'domestic abuse', 'domestic violence' and 'intimate partner violence' are used interchangeably within the UK (Devaney and Lazenbatt, 2016), in this article the term 'domestic abuse' is used as it encompasses the psychological, physical, sexual, financial, and emotional abuse that can occur between intimate partners and family members. With such high costs to individuals and society, there is increasing focus on mitigating the impact of domestic abuse on children and. This evaluation of the Caring Dads programme contributes to the developing evidence base for interventions that focus on fathering (Featherstone and Fraser, 2012), where there is a clear need for evidence that the intervention can bring about change that benefits children and partners.

Finding ways to engage effectively with fathers not only increases the positive contribution that fathers make to children's wellbeing and development, but also raises awareness of the risks that some fathers pose (Burgess and Osborn, 2013). Child maltreatment by fathers is more likely to be injury causing or fatal (Scott, 2010), yet despite this, services often avoid working with high risk fathers (Brown et al, 2009). Parenting interventions are usually attended by mothers (McAllister et al, 2012), as their design and delivery often inhibit the engagement of fathers (Panter-Brick et al, 2014). As a result, it is usually mothers, who are held responsible for child safety (Strega, 2008), despite more often being subject to severe and chronic abuse within violent relationships (Richardson-Foster et

al, 2012). Meanwhile, abusive fathers' behaviour goes unchallenged and the risks they pose are often not assessed (Scourfield, 2003, Roskill, 2011). Removing an abusive father from the family home does not ensure safety as abuse can escalate during couple separation (Morrison, 2015) or continue during child contact (Holt, 2015).

Recent research suggests that using the concept of fatherhood can be a productive and pragmatic way to encourage abusive men to examine their behaviour and prevent further violence (Stanley et al, 2012). But it is also contentious area. A review of current interventions with fathers involved in domestic abuse identified three different approaches: stand-alone group interventions, e.g. Caring Dads; supplementary interventions for batterer intervention programmes (BIPs) / domestic violence perpetrator programmes (DVPPs); and interventions for the couple or family (Labarre et al, 2016). Few interventions have been evaluated; where they have been evaluated, the evaluations were limited, and effectiveness was 'closely linked to that same issue with BIPs... a controversial topic' (*ibid.*). Concerns about the limited evidence demonstrating the effectiveness of BIPs/DVPPs has hampered their development within the UK and worldwide (Westmarland, Kelly & Chalder-Mills, 2010). Reviews of BIPs/DVPPs evaluations describe small effect sizes, non-significant outcomes and inconclusive results (Aaron and Beaulaurier, 2016; Smedslund 2011); however there is also evidence that some programmes can have a positive impact (Devaney and Lazenbatt, 2016). Two programmes delivered by the UK National Probation Service were found to reduce domestic violence and any reoffending in the two-year follow-up period, with treatment receivers taking significantly longer to reoffend (Bloomfield and Dixon, 2015). The Project Mirabal research found that the majority of physical and sexual abuse stopped completely after DVPP attendance, while other types of coercive control also decreased, albeit not to the same extent (Kelly and Westmarland, 2015). However, evidence of effectiveness is problematic for programmes aimed at domestic abuse perpetrators as

evaluation is hampered by high levels of attrition, difficulties in engaging very resistant perpetrators (NICE, 2014), maintaining contact with participants over long time frames, and the difficulty in making associations between behaviour changes and programme factors (Gondolf, 2004). Evaluation is often reliant upon self reports and official data that may underestimate the extent of abuse.

### **The Caring Dads Programme Model**

The Caring Dads programme (Scott et al, 2006) is delivered by approximately 30 different organisations in Canada, Australia, the USA and Europe. The programme uses men's role as a father to motivate them to examine and change their behaviour in seven treatment targets: anger/hostility/over-reactivity; family cohesion/co-parenting/domestic violence; perceptions of the child as a problem; use of corporal punishment and other aversive behaviours; positive and involved parent-child relationship; self-centeredness; and misuse of substances (Scott, 2010). Eligible fathers must have abused or neglected their children, exposed them to domestic abuse, or be deemed to be at high risk for these behaviours. They must also currently care for or have regular contact with their children. Fathers attend a two-hour weekly closed group session, usually facilitated by a male and a female practitioner, for seventeen weeks. In the latest edition of the programme, two group sessions are replaced with individual meetings between programme facilitators and fathers to solidify individualised goals for change.

The programme has four major goals. The first is 'to develop sufficient trust and motivation to engage men in the process of examining their fathering'. This recognises that fathers are likely to be reluctant group participants. Using motivational interviewing (Rollnick and Miller, 1995), facilitators work to create prosocial group processes that engage fathers and encourage them to stay on the programme. The second goal is 'to increase men's

awareness of child-centred fathering'. Fathers are encouraged to identify behaviours that make a good father, to become more involved, to put their children's needs first and become a respectful and non-abusive co-parent. Fathers with this awareness are more able to recognise their previous abuse and respond openly to the third goal, which is 'to increase men's awareness of, and responsibility for, abusive and neglectful fathering'. Fathers who gain this insight and have a desire to change their behaviour are less likely to perpetrate further abuse. The final programme goal, 'to consolidate learning, rebuild trust, and plan for the future', supports fathers in understanding the need to continue to implement their learning after the programme.

To ensure that children and partner safety and wellbeing remain paramount, programme delivery is aligned with local child protection and domestic abuse services, family courts and criminal justice systems. Goals identified for each father during the programme must be consistent with those of other professionals working with his family (Scott, 2010). When fathers start Caring Dads, other practitioners contact his partner (current or previous) and children to provide information about the programme, make referrals for further support or provide immediate safety planning if required. When partners are willing, practitioners keep regular contact to monitor risk from the father while he attends the programme.

Evaluations of Caring Dads have produced promising findings about its effectiveness but further evidence regarding whether Caring Dads can change abusive fathers' behaviour and increase the safety and wellbeing of families, particularly in settings outside Canada, is needed. A study by the programme developer measured pre- and post-intervention changes in parenting, co-parenting and generalised aggression among 98 fathers attending the group in Ontario (Scott and Lishak, 2012). Using the same measures, a pre-post programme study within London UK (n=22) obtained results that were generally "flat" in contrast with

previous Canadian samples (Lindsay et al, 2010). The authors noted that this might be partially explained by a significant proportion of the fathers having already attended a domestic abuse programme and that they were consolidating rather than advancing their learning during the evaluated programme. A mixed method study undertaken in Wales using pre and post measures with fathers ( $T_1=26$ ,  $T_2=9$ ), found some improvement in fathers' aggressive responses to other people, but not all accepted responsibility for their aggression towards partners (McCracken and Deave, 2012). Analysis of narrative interviews from this study and another from the North of England (Kaur and Frost, 2014) identified that the main mechanism and motivation for change was the fathers' ability to identify the impact of their behaviour on their children. Most recently a mixed methods study of the programme delivered in London UK (Hood et al, 2015) included qualitative interviews with fathers, partners and other programme stakeholders, plus quantitative analysis of pre-post measures ( $n=38$ ). Although analysis of interviews suggested that fathers had shifted to some extent towards more appropriate attitudes and parenting practices during the programme, analysis of measure data showed no significant changes in father involvement, parenting alliance, parenting, or children's psychological behaviour. Process evaluation within the UK has also highlighted the importance of social services involvement to manage risk while fathers attend the programme and regular feedback from family members to further monitor risk and verify any reported behavioural changes (Hood, Lindsay & Muleya, 2014; Kaur and Frost, 2014).

While there is evidence that Caring Dads has potential to promote positive change in fathers' parenting and co-parenting (Scott and Lishak, 2012) and decrease aspects of fathers' parenting stress, a risk factor for child abuse (Lindsay, Atkins & Matczak, 2010) there are mixed findings about whether the programme can affect fathers' aggressive responses (Scott and Lishak, 2012; McCracken and Deave, 2012), or acceptance of responsibility for their actions or aggression towards women (McCracken and Deave, 2012). Most studies outside

Canada have been small, with high attrition prior to and during the programme inhibiting achievement of sample sizes sufficient for parametric tests and analysis of subgroups.

## The CDSC Evaluation

A distinctive feature of the [AUTHOR ORGANISATION] version of Caring Dads (called Caring Dads Safer Children – CDSC) was the focus on the impact a programme aimed at domestically abusive fathers has on their partners and their children. Children's right to 'safer, healthier childhoods' is now recognised measure of success for interventions (Alderson, Kelly & Westmarland, 2015), but it is still an area where there is little research. No previous study of Caring Dads obtained measure data from partners or indeed any data from children, so the recruitment of a sample of partners and children sufficient to enable quantitative analysis of their data is an additional contribution. Data collection for CDSC took place over four years, a longer period than all previous UK studies. Although a randomised controlled trial (RCT) design would have been more robust, the evaluation was being resourced and delivered from a charitable organisation in a real world setting - an RCT was pragmatically and ethically rejected by the funder at the time of implementation. The evaluation design, while constrained, was rigorous and included a small unmatched comparison group plus post-intervention follow-up with fathers who completed the programme. These elements together provide an initial indication of what may be happening during and some time after the end of the programme.

It was anticipated that fathers successfully completing CDSC would be more child-centred in their fathering and willing to take responsibility for previous abusive behaviour. It was therefore hypothesised that participants would report the following: (1) fathers' attitudes and parenting behaviour being more child-centred; (2) fathers' behaviour towards their current or former partner being less controlling; and (3) improvement in children's and

partners' wellbeing. Surveys, case note analysis and qualitative interviews were included in the evaluation design to provide families' perspectives on the programme and greater understanding of how CDSC can influence systems to protect children.

## **Method**

### **Participants**

CDSC was delivered from five sites located across England, Northern Ireland and Wales. Over two-thirds of fathers were referred by social services; other referrals came via child and family courts, probation and health services. Of fathers referred, 43% went on to attend the first session. Four per cent of referrals were withdrawn, 34 % were invited for assessment but refused or failed to attend, or their appointment was cancelled when further information or developments changed their eligibility; 11% were assessed as unsuitable; and approximately 7% were assessed as suitable, but failed to or were unable to attend the group (AUTHORS, 2016b). Fathers referred to CDSC ranged in age between 18 and 66 years ( $M=31.43$ ,  $SD=8.24$ ). Fathers' ethnicity (Table 1) was similar to that of the UK population (ONS, 2013) but less diverse than the relevant populations for children in need or on a child protection plan or register (Welsh Government, 2015; DHSSPS, 2014; Department for Education, 2014). Children's ages ranged from newborn to adult; a high proportion were younger children, with a median age of four years. For nearly half of participating children (47%), contact with their father was unrestricted and unsupervised. Thirty-nine per cent lived with the father, and for nearly three quarters of the children (74%), the man on the programme was their birth father. Just over two thirds of partners (69%) were currently in a relationship with the father, the remaining were ex-partners.

## **Procedure**

Fathers, their children and partners participated at three time points: prior to the start of the programme (baseline); at the end of the programme to observe any changes that had occurred, and six months after the programme to observe whether these were maintained.

High pre-programme attrition is typical of programmes aimed at domestic abuse perpetrators: in a recent study 76% of those referred either failed to attend appointments or were not assessed as suitable (Donovan and Griffiths, 2015). Anticipating a similar pattern, only fathers attending the first session of the programme were invited to participate in the evaluation. Between October 2010 and October 2014, nearly 350 fathers were asked, and 97% consented. The nine fathers who refused to participate eventually dropped out. Over half of the participating fathers completed the programme (53%), attending every group session, or catch up sessions with facilitators if they missed a week. Only one father who completed the programme refused to provide data post-programme. Fathers who were excluded (13% for non-attendance, 4% for behaviour) or had to withdraw (4%) mid-programme were not followed up (AUTHORS, 2016b). Staff shortages at one site led to the postponement of groups, which provided the opportunity to gather and compare data from fathers assessed as suitable but waiting to start the programme with data from other fathers who had completed at the same site.

Barriers to the participation of programme attenders' partners in the evaluation included refusal to engage with the service, discouragement from the father, or concerns about what information might be passed onto him (AUTHORS, 2014). Nevertheless, data was provided for two fifths of partners. Additional barriers to children's participation included lack of parental consent, age (nearly half were pre-school age), limited knowledge of the father's participation in the programme and the mother and/or the practitioner deciding it was not an appropriate time to involve them.

The evaluation was approved by the [AUTHOR'S ORGANISATION] research ethics committee, which is chaired by a researcher independent of the organisation and which follows the requirements of the UK Economic and Social Research Council and the UK Government Social Research Unit and complies with APA Ethical Principles. Data were collated and analysed using Microsoft Word, NVivo, Microsoft Excel and SPSS.

### **Measures and statistical tests**

**Survey of family members.** Partners (N= 121) and children (N=26) were surveyed at the beginning of the programme about their hopes and expectations of CDSC. After the programme they were asked what changes in the father's behaviour, if any, they had observed or experienced. All surveys with partners and children were administered face-to-face and took place during their meetings with practitioners.

**Standardised measures.** Participants completed questionnaires that assessed the father's relationship and behaviour towards his children and partner, and any changes in their wellbeing. Where possible all informants completed equivalent versions of the questionnaires about the fathers' behaviour so that the evaluation was not reliant on the father's self-reports.

**Fathers' attitudes and parenting behaviour.** Two questionnaires measured fathers' attitudes and behaviour towards their children. The 36 item Parenting Stress Index 3<sup>rd</sup> Edition Short Form (Abidin, 1995), a widely used measure with good reliability and validity (Abidin et al, 2013), measures a parent's self-report of the stress that they experience in their parenting role and associated behaviours. It includes three sub-scales that measure parental distress, parent-child dysfunctional interaction and the parent's perception of their child being difficult to manage. Respondents are asked if they agree or disagree with statements such as *I feel trapped by my responsibilities as a parent*. Fathers and their children completed the Parental Acceptance-Rejection Questionnaire (PARQ), based on interpersonal

acceptance-rejection theory (Rohner, Khaleque & Cournoyer, 2012) which distinguishes warm and loving parenting behaviour from cold, aggressive, neglecting and rejecting behaviour. Fathers completing the Parent PARQ Father Short Form reflect on their parenting behaviour, e.g. *I am too busy to answer my child's questions*, while children completing the Child PARQ Father Short Form (Rohner and Khaleque, 2005) comment on behaviour they receive from their fathers. These two 24 item questionnaires include four subscales that measure warmth and affection, hostility and aggression, indifference, and neglect and rejection. There are numerous studies indicating that the PARQ has good reliability and validity for different populations (Giotsa and Touloumakkos, 2014).

**Fathers' controlling behaviour towards partners.** Fathers and partners were asked to report incidents of controlling and abusive behaviour perpetrated by the father towards his partner using the 69 item Controlling Behaviour Inventory (CBI). This measure had been used by [AUTHOR ORGANISATION] domestic abuse services for three years prior to the evaluation, having been developed in-house by adapting material from the Duluth Domestic Violence Intervention Project ([www.theduluthmodel.org](http://www.theduluthmodel.org)), the Violence Assessment Inventory and Injury Assessment Inventory (Dobash, Cavanagh & Lewis, 1996), and the Revised Conflict Tactics Scale (Straus, Hamby & Warren, 2003) – a cross-culturally reliable and valid measure of domestic abuse within partner relationships (Straus, 2004). The CBI includes ten sub-scales that measure controlling behaviours: emotional abuse, intimidation, economic abuse, isolation, threat/coercion, violence, sexual abuse, injury, using children, denial/minimisation; plus one sub-scale measuring positive behaviour (negotiation). Example questions include “*I shouted or yelled at my partner*” or “*I threatened to harm a child/children*”.

**Children's and partners' wellbeing.** Partners were asked to complete the Adult Wellbeing Scale (Department of Health, 2000), an 18 item scale that includes four sub-scales

for depression, anxiety, inwardly directed irritability (an indicator for self-harm) and outwardly directly irritability (abusive behaviour towards others) that was originally published and validated as the Irritability, Depression and Anxiety Scale (Snaith et al, 1978). Two questionnaires measured child wellbeing. Older children completed the Adolescent Wellbeing Scale (Department of Health, 2000), an 18 item questionnaire with demonstrated construct validity (Birleson 1981), used to report on different aspects of their life and how they feel about them. Older children, or more frequently a younger child's parent or carer, also completed the Strengths and Difficulties Questionnaire (Goodman, 1997), a 25 item questionnaire with good reliability and validity (Goodman, 2001) with one subscale that measures pro-social behaviour and four that measure a child's emotional and behavioural problems.

Internal consistency of the total scores was good but slightly lower for fathers than for other family members with the equivalent questionnaire (Tables 2 & 3). Descriptive statistics were calculated for each measure and sub-scale and were used to compare the waiting list versus intervention fathers. Average pre-programme (T1) score for each measure was compared with the average post-programme (T2) score using a paired sample t-test or Wilcoxon's signed rank test for non-parametric samples. P values generated by these tests of less than 0.05 were assumed to represent statistically significant differences. Clinical significance, based on the proportions of T1 and T2 scores within and outside of the normal range, was analysed using McNemar's chi square test. Finally, Friedman's ANOVA (and post hoc tests using Wilcoxon's signed rank test, where appropriate) were used to analyse data available at all three time points.

**Qualitative interviews with family members.** Qualitative interviews with family members provided an opportunity to explore a broader range of issues than those addressed by the measure and survey data and from participants' perspectives. Participants were

recruited through practitioners who were in contact with the families. The qualitative sample was made up of three children aged between 10 and 15 years, four current partners and four ex-partners. The interviews explored partners' and children's observations and experiences of CDSC and the effect, if any, they perceived it had had on their lives and their relationship with the father.

**Analysis of case records.** Closing summary statements from the case record system provided information, from the group facilitators' perspective, on each father's progress during the programme or reasons why he may have dropped out of the programme. The case record was checked where the closing summary provided insufficient information.

## Results

Table 1 presents the number of evaluation participants providing data at each stage of the programme. Demographic information and the pre-programme scores for fathers who completed the programme were compared to those who had dropped out using a chi-squared test. Only father's commitment to the programme, as assessed by the group facilitators using a five-point scale ranging from 'very high' to 'very low', was statistically significant. The profile of children participating in the evaluation was similar to that of all children connected to fathers on the programme.

[Insert Table 1 here]

Insert Tables 2, 3 and 4 here

### Improvement in Fathers' Parenting Stress

Paired sample t-tests indicated significant improvements in fathers' reported parental distress, parent-child dysfunctional interaction; perceptions of their child being difficult and their

overall parenting stress score (Table 2). Most fathers started the programme reporting scores within the normal range for parenting stress; however, 16% had T1 scores within the clinical range, signifying a potential problem or clinical need where the risk of child abuse is increased. Post-programme, the percentage whose total scores were within the clinical range significantly reduced to seven per cent of fathers. Data from 52 fathers completing follow-up (T3) measures approximately six months after the programme indicated that their improvements in total parenting stress, parent-child dysfunctional interaction and perceptions of a difficult child were maintained (Table 4). However, this finding is based on only a small proportion of the overall sample: 27% of those providing data at T2.

### **Greater improvement compared to waiting-to-start group**

A difference-in-difference comparison of fathers waiting to start the programme (n=15) and fathers who had completed the programme at the same service centre (n=26) indicated that while parenting stress reduced for both groups, there was a larger reduction within the intervention group (-7.00) than in the waiting group (-0.86). Also the two sub-scales that the programme is more likely to address (dysfunctional interaction and perceptions of the child being difficult) reduced for the intervention group, but remained unchanged or increased slightly for the waiting group (AUTHORS, 2016a).

### **Reported Change in Parenting Behaviour**

Although the fathers' average total and sub-scale scores for the PARQ reduced post programme, the only statistically significant reduction found was for the hostility and aggression sub-scale (Table 2). Curiously, fathers' average scores at T1 reported warmer and more accepting parenting behavior than would be found in the general population. The decreases in the much smaller sample of children's average scores were larger than those reported by the fathers but not statistically significant (Table 3). The majority of children

surveyed (n=26) said they had seen an improvement in their father's behaviour after the programme. They talked about seeing him more often and feeling happier and more comfortable around him. Children described fathers demonstrating more child-centred behaviour, e.g. taking an interest in their school work, playing with them, praising them and treating them appropriately for their age. They also reported changes in the way he spoke to them, noticing that he was making an effort not to shout:

*"Like he doesn't shout when he tells us off, he doesn't raise his voice. He just, like, tells you"* (Child, T3)

They appreciated attempts to listen to them:

*"He's kinder, nicer. He's more interested. Yeah, he was interested before but, like, he actually listens to everything you say."* (Child, T3)

Some children noticed the atmosphere was better at home:

*"Yeah, because they [her parents] would argue, and, like, they don't argue hardly ever now. And, like, they used to argue a lot, now they don't."* (Child, T3)

These observations were consistent with themes emerging from the interviews with partners, who commented on the improvement in fathers' behaviour in the presence of children, improvements in his parenting style and cooperation with mothers, and his greater recognition of the impact of his abuse on the children:

*"Yes, he's more attentive to our daughter and more understanding of her feelings. If he has any issue with me, he'll discuss it with me rather than cause an argument with her around."* (Current partner, T3)

Four children (15%) participating in the face-to-face survey gave comments that suggested their father had not changed or not sufficiently. They described fathers whose behaviour was still threatening or unreliable. Some were still worried about the safety of their mother.

### **Improvements in Fathers' Controlling Behaviour towards Partners**

Paired sample t-tests revealed a significant reduction in the average number of incidents of fathers' controlling behaviour (Table 2). Fathers reported statistically significant reductions in the number of incidents reported for all of the sub-scales; while partners reported significant reductions in all sub-scales apart from economic and sexual abuse. The proportion of partners reporting one or more incidents of controlling behaviour also reduced. Some types of behaviour reduced more than others: partners reporting denials of abuse reduced by a third, abuse using children reduced by more than two-thirds. Application of Friedman's test to the CBI completed by fathers (Table 4) suggested statistically significant changes in the distribution of the overall score over the three time points:  $\chi^2 15.057$ , df =2, p<0.01. Further exploration using the Wilcoxon test suggested a statistically significant decrease, which survived Bonferroni adjustment, between the T1 and T2 scores (Z= -3.145, n=42, p<0.05, two sided) and also the T1 and T3 scores (Z= -3.507, n=43, p<0.01, two sided), but no significant change between the T2 and T3. Similarly, there were significant changes when the same test was applied to overall scores reported by partners:  $\chi^2 12.351$ , df =2, p<0.01. The post hoc tests for partners after Bonferroni adjustment were approaching significance for the comparison between the T1 and T2 overall scores (Z= -2.295, n=20, p=0.022, two sided) and significant between T1 and T3 overall scores (Z= -3.099, n=21, p<0.01, two sided). Friedman's ANOVA was also applied to each of the subscales of the Controlling Behaviour Inventory reported by partners (Table 4). Four subscales had statistically significant reductions: violence, injury, denial/minimisation and emotional abuse.

## **Findings for Children's Wellbeing Inconclusive**

Comparison of T1 and T2 SDQ scores revealed that although the average score for behavioural difficulties reduced, none of the differences observed were large or statistically significant (Table 3). Similarly, although there was a clearer difference in mean scores for the Adolescent Wellbeing Scale, the difference was not statistically significant. When children's SDQ scores were analysed over the three time points, significant differences were identified for the total difficulties scores ( $\chi^2 5.852$ , df = 2, p<0.054) and the peer problems scores ( $\chi^2 6.000$ , df = 2, p<0.05). However, as the sample over the three time points consisted of only seven children, this finding clearly has limitations.

## **Improvements in Partners' Wellbeing**

Comparison of T1 and T2 provided by partners completing the Adult Well Being Scale revealed statistically significant reductions in depression, anxiety and inward directed irritability (Table 2). Only the anxiety sub-scale remained statistically significant over the three time points (Table 4), possibly due to testing a much smaller sample than that used for the t-test comparisons of T1 and T2 scores. Post hoc tests indicated a significant difference in reported T1 and T3 anxiety scores.

## **Influence of CDSC on the Child Protection System**

Recorded evidence of changes in children's circumstances indicating an improvement in the father-child relationship and/or the co-parenting relationship were found for nearly half of the fathers (48%) who completed the programme. Examples included removal from the Child Protection Register or Plan; positive contact between the children and their father enhanced and maintained; the frequency of contact increasing and/or requiring less supervision; fathers returning to the family home or children returned to their father's care, if appropriate. Over a third (37%) of case notes indicated that, although the children's circumstances did not change

during the programme, the work with the father contributed to referrers' decision making about the children. Even when fathers dropped out or when their attitudes and behaviour were unchanged, their participation – however limited – provided information that could aid professional judgement and contribute to an overall picture of the risks posed to their children. In such circumstances, the notes suggest that children stayed on the Child Protection Register or Plan, remained in care and monitoring of contact remained unchanged or intensified.

## **Discussion**

CDSC indicates promising evidence that Caring Dads can contribute to reducing risks to father's children and partners. Recidivism for domestic abuse tends to be high (Bloomfield and Dixon, 2015), so it is encouraging that an evaluation that included data from both fathers and partners reported fewer incidents of domestic abuse following the programme, contrasting with previous evaluations that suggested the programme had little impact on behaviour towards women. Incidents of violence, injury and threatening behaviour reduced, as did other forms of abuse, such as emotional abuse. While it is acknowledged that partners who agreed to participate in the follow-up were less likely to have continued to experience physical abuse, it is reassuring that no further incidents of physical abuse were recorded.

Two findings echoed those from the Mirabal study (Kelly and Westmarland, 2015). First, partners did continue to report incidents of denial or minimisation and emotional abuse after the programme, although to a lesser extent than before. Second, children and partners noticed and welcomed improvements in fathers' communication with children, and described how the father had greater interest and more positive involvement in the children's lives. Case notes also provided examples of fathers who appeared to have learnt more about child development and appropriate parenting behaviour. Nevertheless, it should be noted that some

fathers' attitudes and behaviour were reported not to have changed or to only changed partially or temporarily. This indicates that alongside the direct work with fathers, contacting families and working alongside other agencies is essential to ensure a safe and coordinated response to any ongoing abuse. The case note analysis suggests that CDSC can influence systems and help protect children. Although social workers' decisions in relation to the fathers' children were usually based on information from a number of sources, information that CDSC practitioners shared with referrers often contributed to the decision-making process.

Fathers' self-reports about their behaviour were largely confirmed by qualitative and quantitative data provided by partners. Analysis indicated that completing the programme can increase awareness of child-centred fathering, reduce perceptions of their child as being difficult and dysfunctional interaction. Statistically and clinically significant reductions in parental stress are encouraging, as they are linked with a decreased risk of child abuse (Abidin, 1995). Although the comparison group was small and opportunistic, analysis using it supports the hypothesis that improvements could be attributed to the programme. Fathers' average pre and post-programme scores for the PARQ were less convincing, indicating more accepting behaviour than would be found in typically warm and loving families. The authors of the measure caution against accepting very low scores at face value, as they strongly suggest response bias, with the fathers either believing or presenting an idealistic view of their parenting. In contrast, the average total Child PARQ Father scores were within the normal range, suggesting that, as a group, the children provided a more realistic appraisal of their fathers' behaviour.

Analysis of wellbeing data provided a mixed picture. The sample of children was small, which affected statistical power, and the number within the sample experiencing abnormal levels of difficulties were fewer than predicted and certainly fewer than children

attending other post-domestic abuse services (Smith, et al, 2015). Measurement of outcomes for partners, most often the child's main carer, benefitted from a much larger sample providing clear evidence of improvement in both current and ex-partners' wellbeing (AUTHORS, 2016a).

## **Limitations**

The CDSC evaluation design has a number of limitations. First, the sample of children is relatively small, which means that quantitative findings should be interpreted with caution. Second, the CBI was designed in-house, and has not had prior reliability and validity testing. Anecdotal evidence suggested that the questionnaire understated the extent of abuse prior to the programme. Third, it is likely that the fathers who completed the follow-up measures excluded most of those who had returned to abusive behaviour. A larger sample with higher response rates followed over a longer period is needed to be confident that on average improvements seen immediately after the programme are sustained. A fourth limitation is that the comparison group of fathers was opportunistic and, therefore, its equivalence to the intervention group is unclear. Finally, the comparison group data only included the Parenting Stress Index, so it is not clear whether differences would also be seen on the fathers' parenting behaviour.

## **Research Implications**

CDSC has revealed three areas that would benefit from further investigation within any new study of Caring Dads. (1) *Child sample*: Although the survey and qualitative interviews provided clear examples of how older children had noticed change in their fathers' behaviour, methods that allowed data to be collected from younger children would have enabled the measurement of change in their wellbeing and perceptions, and also increased the numbers of children participating, allowing more robust statistical tests. (2) *Referrers'*

*involvement:* The analysis of case records provided evidence of how the programme can influence decision-making within the child protection system; however, the data was based on the programme facilitators' perspective only. Future studies should involve referrers, social services and the police to enable longer and more comprehensive follow up of outcomes post programme. Referrers' involvement in comprehensive assessment could also inform whether particular types of perpetrator (Devaney and Lazenbatt, 2016) are more suitable for the programme than others. (3) *Research design:* the small control group indicated the improvements among fathers can be attributed to the programme, however a stronger research design, preferably RCT, that is attentive to likely patterns of attrition prior to and during the programme (AUTHORS 2016b), would be needed to explore this.

### **Clinical and Policy Implications**

Commissioning of services to reduce violence in families should consider intervention for abusive fathers. However it is essential that the delivery is closely aligned with other services working with the father's family, as not all fathers will change their behaviour. CDSC practitioners must remember that fathers tend to minimise or underestimate the extent of their abuse so it is therefore important to obtain the views of their family.

### **Conclusion**

Building on previous evaluations of the Caring Dads, CDSC provides additional evidence that completing the programme can bring about positive changes in the attitudes and behaviour of fathers who have been abusive to their children and partners and provides new evidence of the potential impact of the programme on risks to families. This is one of the few studies of Caring Dads, or indeed any fathering interventions aimed at perpetrators of

domestic abuse, that has attempted to measure outcomes and perspectives relating to children and families alongside change in the perpetrators' behaviour. Gathering their perceptions not only informed quantitative findings of positive change but also shed light on the very different circumstances and needs of the children and partners. This study adds to the small but growing body of evidence indicating that working with fathers, and in particular focusing on the impact domestic abuse can have on children and their relationship with their father, should be a critical part of society's response to domestic abuse.

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