



Royal Commission
into Family Violence

WITNESS STATEMENT OF DR KATREENA SCOTT

I, Katreena Scott, Associate Professor and Canada Research Chair in Family Violence Prevention and Intervention of the University of Toronto, Canada, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I currently hold the position of Associate Professor and Canada Research Chair in the Department of Applied Psychology and Human Development at the University of Toronto, Canada.

Background and qualifications

3. I have authored more than 30 articles, 10 book chapters and 2 books on the development of violent relationships, the efficacy of service to male batterers, the effect of abuse and trauma on children and on empirically and ethically sound policies for working with abuse perpetrators.
4. Over the past 10 years, I have held 19 research grants worth more than 1.5 million dollars from academic, government and charitable sources. I am internationally known for research and innovation in theory and practice for working with abusive fathers. I have responded to invitations to participate in major knowledge mobilization efforts through the National Online Resource Centre on Violence Against Women and the Violence Against Women Program at Muskie School of Public Service, and have responded to many invitations to train or speak about my work, including presentations in the US, UK, Japan, Germany and Sweden. The Caring Dads program that I have developed is currently running in many sites across Canada, as well as in the US, UK, Ireland, Wales, Germany and Sweden. This program is specifically profiled on the UK's Fatherhood Institute, Canada's Centre for Research and Evaluation on Violence Against Women and Children, and the US's Child Welfare

Information Gateway and Futures Without Violence websites, and it has also been the subject of a TV documentary shown in Germany.

5. Independent evaluations or reviews of Caring Dads have been completed by Emerge in the US, NSPCC and London Probation in the UK, and by Diakonie Düsseldorf in Germany, all of which have supported the continued implementation of the program. Nationally, I am also recognized for my research on improving interventions for perpetrators of intimate partner violence. I have conducted research for the Department of Justice Canada and the Ontario Ministry of the Attorney General (**MAG**) and have responded to invitations to present to the MAG, the Domestic Violence Courts, and to Partner Assault Response (i.e., batterer intervention) programs across the province.
6. In 2009, I served as an expert witness for the Coroner during the inquest into the death of Jared Osidacz to contribute to recommendations on how batterer programs, probation officers and child welfare services could improve system coordination, better assess, track and respond to dynamic risk, and intervene more effectively with clients who are highly reluctant to change. Attached to this statement and marked '**KS-1**' is a copy of my curriculum vitae.

The Caring Dads Program and Engaging Dads

7. The Caring Dads program was developed to meet a gap in services to children who had been maltreated by their fathers, including children who had been exposed to domestic violence. Across developed nations, government legislated and funded services are in place to respond to the maltreatment of children in their families. Although these services are ostensibly meant for the entire family, in practice, the focus of intervention is predominantly on mothers (Featherstone et al., 2010; Smith, Duggan, Bair-Merritt & Cox, 2012; Strega et al., 2008). The problem with this model of service is that fathers are identified as perpetrators in approximately half of substantiated cases of maltreatment overall, they predominate as perpetrators of injury-causing and lethal child abuse, and they make up the majority of perpetrators of child exposure to domestic violence (Sinha, 2012). To address this mismatch between risk to children and intervention focus, systemic change in child protection and child and family mental health interventions are required to better recognize fathers as potential risks and/or resources to children.

8. One of the major reasons and complicating factors in child protection is child exposure to domestic violence, which is most often substantiated as a result of a father's abuse of his children's mother. Where Child Protection authorities become involved, rather than engage with the perpetrator of the violence, they tend to assess and monitor mothers' capacity to protect their children. There is often an implicit (and sometimes explicit) expectation that, to effectively protect their children, mothers should leave their violent partners (Jenney, Mishna, Alaggia and Scott, 2014). This focus on mothers' capacity to protect *over fathers' need to change* is inappropriate and unjust. It is especially problematic in the context of family courts, which often order children (and therefore mothers) to have ongoing contact with their fathers.
9. I considered it was necessary to offer something to men as fathers, in a context that also engaged Child Protection and other agencies, in order to reduce the harm caused to children. The Caring Dads program brings together people from across sectors and has become a catalyst for change within communities. It reconnects Child Protection, Probation, Children's Advocacy services, and Women's Services. Child Protection had been required to come along with it and start contacting Dads. One of the very positive outcomes of the Caring Dads program is the increase in Child Protection contact with Dads.
10. As part of Caring Dads, we have also begun work in prevention. In Canada, the public information regarding transition to parenting is not directed at Dads or the relationship between Mums and Dads. We have brought in new material in relation to Dads and the relationship. I consider that, in terms of prevention, it is important to engage Dads and Dads-to-be.

Benefits of engaging fathers

11. I have written in more detail about the reasons for engaging fathers, and the benefits of doing so. Attached and marked '**KS-2**' is a copy of my article '*Why Fathers are an Essential Target of Intervention to End Children's Experiences of Violence and Abuse Within the Home*'.
12. To summarise, there are at least ten reasons to include assessment, monitoring and intervention with fathers as part of systematic systems of ensuring the safety and well-being of children, and by extension, their mothers.
 - 12.1. *Potential benefits of a strong and healthy father-child relationship.* Among families at-risk for child maltreatment, father presence has been associated

with lower levels of childhood aggression and depression, enhanced cognitive development and greater child perceived competence. In adolescence, having a positive relationship with a father protects against delinquency, early sexuality, drug and alcohol use, and other risk behaviours. Thus, if fathers can improve their relationships with their children, their children stand to benefit socially, cognitively, and emotionally.

- 12.2. *Intervention to address fathering provides an additional route to ending violence against women.* An appropriately targeted fathering intervention program *does not replace* intervention to address violence against women; however, it does substantially enhance the capacity of our systems to intervene to end violence against women. Responsible fathering intervention programs appreciate connections between fathers' relationships with their children and men's behaviour towards their children's mothers, and recognize the need to directly address both. As taught in *Caring Dads*, it is not possible to be a good father and an abusive partner – in other words, part of being a good father is having a non-abusive relationship with children's mothers.
- 12.3. *Making intervention to reduce violence perpetration a central component of social efforts to ensure child safety is more just to mothers.* Current practice within child safeguarding services hold mothers as primarily responsible for children's well-being (e.g., Strega et al., 2008). This responsibility extends to fathers' relationships and behaviours with children – in other words, she is often expected to support father-child contact, monitor the safety of this contact, and take action to protect children when fathers are behaving in ways that are unsafe. With this model of service, mothers who are victims of domestic violence are often directed to protect their children from their fathers (who they cannot protect themselves from) under the threat of having their children removed. Similar failure-to-protect conditions are not used against fathers. There are obvious problems with a model of service that holds mothers responsible for monitoring and controlling the actions of children's fathers. Models of intervention that access fathers directly to address their risk are more appropriate, respectful and helpful to victimized mothers.
- 12.4. *In addition to being unjust and failing to support mothers, child protection and family/justice system responses to domestic violence that rely on maternal protectiveness can inadvertently increase risk to children.* When mothers are unable to protect themselves from domestic violence (and by extension, their

children from exposure) and worried about the reaction of child protective services, they are likely to under-report the level of contact fathers have with children and may also be reluctant to report ongoing concerns about their own and their children's safety.

- 12.5. *Efficacious and appropriately targeted intervention for abusive fathers can improve or repair emotional attachment between children and fathers.* Children who have been abused by their fathers, or who have been exposed to their fathers' abusing their mothers, have a wide range of reactions. In our work with men in Caring Dads, we have been struck by the intensity of men's descriptions of losing relationships with their fathers (mostly because he walked out of the family) and of their multiple efforts to try to re-established a connection as children, teens, and as adults. A program such as Caring Dads offers the opportunity to emphasize to fathers their importance in their children's lives, and to directly encourage them to commit to their children by ensuring they have safe and healthy contact.
- 12.6. *Fathers who are able to take responsibility for past violence and change their behaviour model accountability, contributing to child healing.* Rather than simply removing fathers, intervention provides an opportunity for men to be accountable for their violence and to model taking responsibility for their children. To the extent that men are able to accept responsibility, they may play a powerful role in breaking the intergenerational transmission of violence.
- 12.7. *Potential to mitigate risk in high-risk circumstances.* In some families serviced by our social systems, both mothers and fathers are struggling to be safe and supportive parents. Including fathers in child protection processes and in intervention efforts offers the potential to mitigate risks posed by maternal addiction and poor mental health. Such programs can prompt and support fathers to "step-up" to the role of primary or sole caregiver when children's mothers are unwilling or unable to care for their children. Although care must be taken to disentangle the effects of domestic violence on women's capacity to care for her children from the influence of other mental health and substance use problems, there are families where fathers can and should be relied upon more heavily to ensure that their children are safe and nurtured.
- 12.8. *Fathers who leave one family seldom end their involvement with children in general.* Abusive fathers may be prevented from interacting with a particular

set of children, but these men typically become involved with other romantic partners and other children. The threat that these men may pose to children of subsequent partners is heightened because risk for violence perpetration is higher for stepfathers and other non-biologically related male caretakers than for biological fathers (Daly & Wilson, 2000; Radhakrishna et al., 2001). Thus, intervention while fathers are involved with one family might prevent men's abuse in a subsequent family.

12.9. *Involving fathers in intervention offers the potential to monitor and contain fathers during follow-up from the child protection and justice systems.* When fathers are deemed to be a risk to their children, fathering interventions allow for a period of monitoring, where fathers' relationships with their families are being consistently reviewed and documented and where indicators of progress, or lack of progress, can be provided to fathers and to other professionals involved with the family.

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

The Caring Dads Program

13. The Caring Dads program was first run as a pilot in 2002. It has since developed and is running in Canada, the United Kingdom, the United States, Ireland, Wales, Sweden and Germany.
14. Caring Dads is an intervention program for fathers (including biological, step, common-law) who have physically abused, emotionally abused or neglected their children, or exposed their children to domestic violence or who are deemed to be at high-risk for these behaviours.
15. The Caring Dads program is 17 weeks long. It includes 15 group sessions, 2 individual sessions, and an intake interview. There are six essential core components to Caring Dads intervention outlined as follows. Attached and marked

'KS-3' is the Program Overview, which summarises the intervention program goals and activities. Attached and marked 'KS-4' are the conditions for running the program, which includes the Mother Contact and Community Collaboration components.

- 15.1. *Motivational interviewing to engaging men in examining their fathering (three group sessions and an intake interview):* Fathers consider their unique experiences as fathers (e.g., historic, cultural differences) and of being fathered to develop discrepancy between their current and desired relationships with their children and families; Men are introduced to the idea that their experience of their father included their father's treatment of their mother; Initial goals for intervention are set between fathers and group facilitators and homework assignments begin
- 15.2. *Parenting education, skills training, role modelling and behavioural practice to develop child centred fathering (5 group sessions):* Fathers are presented with the parent to child-centred need continuum to help monitor and shift behaviours towards those meeting child needs; Education and application of information on child development and on the impact of trauma on children; Role modelling and practice of listening to, playing with and reading to children; Emphasis on the need for respectful co-parenting with children's mothers and for supporting the mother-child relationship
- 15.3. *Cognitive behavioural therapy to set and track individual goals for change among fathers (2 individual sessions, 4 group sessions):* Men self-identify abusive, unhealthy, parent-centred behaviours that they need to change in order to improve their relationships with their children; Recognition of the integral connection between the safety and well-being of children and their mothers; Individual goals in individual meetings with men that target empirically-supported risk mechanisms for fathers' maltreatment of their children and/or children's mothers. Such mechanisms include: anger/hostility/over-reactivity; family cohesion/coparenting/domestic violence; perceptions of the child as a problem, use of corporal punishment, harsh discipline and other aversive parenting behaviours, overall quality of parent-child relationships, self-centeredness and misuse of substances; Men are assigned individualized homework and their progress is tracked by facilitators and group over time

- 15.4. *Consolidating learning, setting realistic expectations and planning for the future (3 sessions):* Men are supported in considering the potentially long-term traumatic impact of their past behaviour on their children and/or their children's mothers and in setting reasonable relationship expectations; Planning for maintenance of gains made; Support and referral provided for additional services, as necessary
- 15.5. *Systematic outreach to mothers to ensure safety and freedom from coercion:* Contact with children's mothers by devoted program staff or by those working in partnership to ensure that she is informed about the program; Collaboration between professionals and with women to anticipate and work to avoid potential unintended negative consequences of men's involvement in intervention; Provision of referral and of safety planning to children's mothers, as necessary
- 15.6. *Clear community-based model for accountability to ensure that child safety and well-being is enhanced as a result of fathers' involvement in intervention:* Open communication between Caring Dads program and other professionals working to ensure the safety and well-being of members of the family; Joint meetings and planning in response to ongoing or rising risk presented by father; Commitment to working collaboratively to ensure change and to support children
16. It is important that intervention programs go beyond psychoeducation and use intervention methods specifically designed to promote change. In my opinion, minimal core components of successful intervention with abuse perpetrators are a focus on creating a strong therapeutic alliance and the setting, practicing and monitoring specific and clear goals for change.
17. When working in the context of abuse, it is also important that programs use trauma-informed approaches that tailor information, resources, and programs in ways that take into account the violence and trauma that victims have experienced and take specific measures to avoid re-traumatization. In the case of Caring Dads, trauma considerations are relevant to children and women, as well as men. For example, it is important that programs for abusive fathers recognize that children's experience of trauma will impact the rate of possible change, and work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) as a result of father's participation in intervention. Guidelines published by National

Child Traumatic Stress Network and SAMHSA help to ensure programs are also designed consistent with trauma-informed principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, and the importance of considering cultural, history and gender issues in respectful interactions with clients. Caring Dads is also attentive to writings around the difference in trauma-informed practice with women and men/victims and offenders with a history of trauma, which suggest focus on empowerment, choice and voice for women victims, but on feelings, relationships and empathy for the male offender group (Miller & Najavits, 2012).

18. The Caring Dads program has been established as a stand-alone program. There is no requirement to go through another program first. While many men may not initially be ready to change, the program's use of motivational interviewing to build motivation and alliance and the focus on fathering makes it considerably easier to get men in the door. Once they are in the door, men generally engage very well. The drop out rate is fairly low, even for high-risk men.
19. In Canada, whether a man attends Caring Dads or another program determined, in large part, by the agency he is first in contact with. If Child Protection is involved and the core concern is child safety, he would go to Caring Dads. If he is involved with other Justice agencies for assaulting a female partner he would attend another program. I consider that the system would be strengthened by an assessment of the man's risk and needs, with those determining which type of program is best suited to him, rather than his contact with a particular agency.
20. The Caring Dads program has been evaluated. Caring Dads is currently considered a "promising practice" for addressing child maltreatment (California Clearinghouse, 2015). Preliminary research on Caring Dads, using a comprehensive evaluation framework, established that Caring Dads addresses a need in communities, can be implemented in a way that is acceptable to clients and stakeholders, and matched, in its underlying theory, the characteristics and needs of most referred clients (Scott & Crooks, 2007). Subsequent examination of Caring Dads using a pre- to post-research design showed that intervention is associated with changes in fathers' over-reactivity to children's misbehaviour and respect for their partner's commitment and judgment, with results being statistically significant, medium in size, moving mean scores into the normative (Lishak & Scott, 2012). Interim findings from independent research on Caring Dads being carried out in the UK are also promising (McConnell, Barnard, Holdsworth, Taylor, 2014). Based on data from 204 fathers, 72 partners and 22 children, McConnell reports that completion of Caring Dads is associated with

pre- to post-group reductions in parenting stress and in level of hostility, indifference, and rejection as reported by fathers and reductions in domestic violence victimization (emotional abuse, isolation, violence, injury, use of children), depression, and anxiety as reported by mothers. Changes in identified domains persist over six-months and are well in excess of changes made by comparison group fathers over a similar time period. Finally, a small ongoing study by the Child Welfare Institute and myself in Toronto found that, consistent with Caring Dads' model of collaboration between group co-facilitators and child protection workers, enrolment in Caring Dads is associated with substantially higher levels of contact between men and their families' child protection workers for men enrolled in the program as compared to those referred but on a wait-list for service (Child Welfare Institute, 2014).



.....

Katreena Scott

Dated: July 15, 2015