

ATTACHMENT KS-2

This is the attachment marked "**KS-2**" referred to in the witness statement of Katreena Scott dated 15 July 2015.

Why Fathers are an Essential Target of Intervention to End Children's Experiences of Violence and Abuse Within the Home

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At press

A. Incidence and Impact of Child Maltreatment

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

Maltreatment has substantial implications for the children's health and well-being. Child abuse and neglect interfere with healthy child development and contribute to a range of negative psychological and physical health outcomes (MacMillian & Munn, 2001; Wekerle & Wolfe, 2003). Children who experience abuse and/or who are exposed to abuse of their mother are more likely to be diagnosed with a psychological disorder and to show difficulties with early attachment, emotional regulation, peer relationships, school adjustment, and pro-social behaviours (Evans, Davies & DiLillo, 2008; Kitzmann, Gavlord, Holt & Kenny, 2003; Wekerle & Wolfe, 2003; Wolfe, Crooks, Lee, McIntyre & Jaffe, 2003). During adolescence, child maltreatment raises the risk of numerous health-risk behaviours including smoking, substance use, early and promiscuous sexuality and substantially increases the risk for delinquency (Crooks et al., 2007; Wolfe et al., 2001). Child maltreatment and associated adverse childhood experiences also show a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998). Not surprisingly then, self-reported history of maltreatment is associated with significant and sustained losses in health-related quality of life (Afifi et al., 2007; Corso, Edwards, Fang & Mercy, 2008) and with premature mortality (Anda et al., 2009). There are also substantial economic costs associated with child maltreatment. In 1996, the National Commission of Inquiry into the Prevention of Child Abuse estimated that the cost of child abuse to statutory and voluntary agencies in the UK was £1 billion per year.

B. Father-perpetrated Maltreatment

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

In addition to frequency of father-perpetrated child maltreatment, data from many nations converge on the finding that fathers predominate as perpetrators of injury-causing and fatal child abuse (Brewster et al., 1998; Klevens et al., 2000). Canadian homicide data across 30 years consistently show that the majority of family-related child homicides are committed by fathers (Canadian Centre for Justice Statistics, 2006). Step-fathers, in particular, are proportionally over-represented as perpetrators of maltreatment and of child homicide (Daly & Wilson, 2000;

Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001). Fathers are also more likely to be identified and substantiated for moderate-to-severe abuse and for repeated abuse incidents (Pittman & Buckley, 2006). In the US, these data on the frequency and severity of father-perpetrated maltreatment have led to the conclusion that “if prevention and treatment interventions for child maltreatment are targeted only to women, a large proportion of perpetrators will not benefit from these efforts.” (p. iv, US Department of Health and Human Services, 2005).

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

C. Potential Benefits of Intervening with Fathers

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

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

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

anxious to end contact with children's mothers and fear that any continued contact will be unsafe for them and for their mothers (Cunningham & Baker, 2004; Mullender et al., 2002). Others want to continue to have a relationship with their father. In many cases, children describe longing for a safe and healthy father-child relationship. Children who have been maltreated have similarly varying perspectives, and often similar longings for a safe and close relationship with their fathers. In our work with men in Caring Dads, we have been struck by the intensity of men's descriptions of losing relationships with their fathers (mostly because he walked out of the family) and of their multiple efforts to try to re-established a connection as children, teens, and as adults. A program such as Caring Dads offers the opportunity to emphasize to fathers their importance in their children's lives, and to directly encourage them to commit to their children by ensuring they have safe and healthy contact.

- Potential to mitigate risks posed by maternal addiction and poor mental health. Fathers also have the potential to "step-up" to the role of primary or sole caregiver when children's mothers are unwilling or unable to care for their children. Although care must be taken to disentangle the effects of domestic violence on women's capacity to care for her children from the influence of other mental health and substance use problems, there are families where fathers are more capable than mothers of parenting. In our experience, these are most often cases where both parents have a history of addiction but where the father has managed to get clean but the mother has not. There are a number of published case studies now that highlight examples of fathers in the child protection service who have taken on primary child care responsibilities when mothers have been unable or unwilling to do so (Strega et al., 2009).
- Modeling accountability, contributing to child healing. Providing intervention to fathers also has the potential to increase paternal accountability and responsibility for past abusive and neglectful behaviour. Rather than simply removing fathers, intervention provides an opportunity for men to be accountable for their violence and to model taking responsibility for their children (Peled, 2000). To the extent that men are able to accept responsibility, they may play a powerful role in breaking the intergenerational transmission of violence.
- Fathers who leave one family seldom end their involvement with children in general. Abusive fathers may be prevented from interacting with a particular set of children, but these men typically become involved with other romantic partners and other children. The threat that these men may pose to children of subsequent partners is heightened because risk for violence perpetration is higher for stepfathers and other non-biologically related male caretakers than for biological fathers (Daly & Wilson, 2000; Radhakrishna et al., 2001). Thus, intervention while fathers are involved with one family might prevent men's abuse in a subsequent family.
- Potential to monitor and contain fathers during follow-up from the child protection and justice systems. Fathering intervention programs can also make observations about men's behaviour in group that might contribute to judgments about their parenting and about the risk they may pose to his children and his children's mothers. Following child protection or family court involvement for domestic violence or child maltreatment, fathers may be in the position of having to demonstrate improved parenting prior to gaining unsupervised or additional access to their children. In many communities, there are few assessment or intervention resources available to help fathers reach this goal. As a result, "time without incident" is often inappropriately used as an indication of improvement. When fathers are deemed to be a risk to their children, fathering interventions allow for a period of monitoring, where fathers' relationships with their families are being consistently reviewed and documented and where indicators of progress, or lack of progress, can be provided to fathers and to other professionals involved with the family.
- Opportunity to support fathers in deciding to, or in being ordered to, limit their contact with their children. Although it would be ideal for all children to have positive and nurturing fathers, there are unfortunately cases where father-child contact may be detrimental. Making 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.

D. Summary

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