Fatherhood Research & Practice Network

Fatherhood Programs and Intimate Partner Violence

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Overview

There are several reasons that programs serving fathers should be concerned with intimate partner violence (IPV).

The widespread nature of the problem makes it a logical topic for fatherhood programs to cover when dealing with parental conflict.

Evidence suggests that men who have engaged in IPV may have significant parenting difficulties that need to be addressed and fatherhood programs offer a forum in which to do this.

Fatherhood programs that try to involve mothers need to be aware of IPV before beginning to work with mothers or with couples.

The goal of being a positive, engaged father may motivate men to work on issues of partner violence. Fatherhood programs can work with IPV treatment programs to help fathers understand how they can be a positive influence on their children.

This paper explores these issues, but it begins with a brief overview of what constitutes IPV and the magnitude of the problem before concluding with a discussion of how to identify IPV.

Intimate Partner Violence: The Nature and Scope of the Problem

The widespread nature of IPV is well documented. For example, the Centers for Disease Control and Prevention (CDC) reports that:

Nearly 3 in 10 women and 1 in 10 men in the US have experienced rape, physical violence, and/or stalking by a partner.[1] IPV resulted in 2,340 deaths in 2007 — accounting for 14% of all homicides. Of these deaths, 70% were females and 30% were males.[2]

Research also indicates that IPV is especially prevalent in the low-income populations served by fatherhood programs. Using data from the National Crime Victimization Survey, Rennison and Planty found IPV rates of 13.4 per 1,000 in households earnings less

than $7,500 annually, compared to 2.3 per 1,000 in households with earnings greater than $50,000 per year.

However, what may not be conveyed by these statistics is the fact that IPV may take many forms. Early IPV studies often focused only on physical violence.[3] However, in recent years there has been increasing empirical evidence that IPV perpetrators often use more than one form of abusive behavior.[4] The CDC Division of Violence Prevention offers the following definition of IPV:

> Intimate partner violence includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., boyfriend/girlfriend, dating partner, or ongoing sexual partner.)[5]

Those who study or work with victims or perpetrators of IPV also note the importance of considering the type of IPV using the behaviorally specific definition, as well as the frequency with which the behaviors occur, the mutuality of the behaviors, the victim's level of fear, the extent and nature of injuries, and the perpetrator's motivation.[6]

Incorporating IPV Education into Fatherhood Programs

Given the current estimates of the incidence of IPV, it should follow that a significant number of the men in fatherhood programs have engaged in IPV at some point in their lives. Data from the Responsible Fatherhood Program of Connecticut supports this assumption. The program found that:

> Of 2, 927 participants assessed by certified fatherhood programs in Connecticut from January 1, 2007 through March 31, 2011, fifty six percent (56.4%) report having put down, sworn at, insulted or threatened a partner. Fourteen percent (14.7%) report engaging in some physical assault (pushed, grabbed, slapped, punched, kicked, beat up, burned, or choked, etc.) of their partners.[7]

On a similar note, a Texas study of couples where the father signed a voluntary acknowledgement of paternity in the hospital at birth found that three years later one in five mothers reported the child's father put her or the child at risk of physical or emotional harm at some point in time since she became pregnant.[1,8]

Fatherhood programs offer an excellent opportunity to educate fathers about the negative consequences of IPV on children. These ill effects have been well documented. The list of problems these children experience is lengthy: difficulties with attachment, regressive behaviors, anxiety, and depression, aggression,[9] problems sleeping and eating, low-self-esteem, poor school performance and poor family and peer relationships.[10] In addition, researchers consistently find that exposure to IPV has negative effects on children's beliefs about family roles,[11] and may negatively impact a child's later ability to partner and parent.

In addition, some research indicates that, at least among preadolescent children with exposure to IPV, the range of feelings toward the father included love, terror, loyalty and fear.[12] A study of preschoolers showed that those who continued to see their fathers after an episode of IPV experienced externalizing problems, such as aggression, while those who did not have continued contact with their fathers displayed internalizing problems such as anxiety and depression as well as "negative maternal representations in play."[13]

In "Beyond Silence and Violence: Engaging Men in Advocacy Against and Prevention of Domestic Violence" published by Fathers Incorporated, the authors note that:

[1]Texas researchers found that domestic violence was a predictor of whether the father signed the acknowledgment of paternity (AOP). Three months after the birth of the child mothers were asked whether the father had been emotionally or physically abusive to her or put her or the child at risk of physical or emotional harm. In those cases with a voluntary acknowledgment of paternity, 13% reported abuse. In those cases with no AOP, 40% reported abuse. Overall, 19% reported family violence at some point since she became pregnant.

> Men have a positive and vital role to play in helping to stop all types of violence, and fatherhood organizations are uniquely positioned and have a responsibility to engage them in these efforts.[14]

These authors note that fatherhood programs should also be concerned with IPV because it often contributes to many of the problems these programs attempt to address including incarceration, loss of employment and separation from their children.

Many of the curricula developed for fatherhood programs include components related to parental conflict. For example, The Responsible Fatherhood Curriculum developed for the Parents' Fair Share Demonstration[15] includes a session on "Managing Conflict and Handling Anger." Some fatherhood programs even have special services for men with histories of IPV. For example, the Center on Fathering in El Paso County, Colorado, offers a 13-week course titled "Nurturing Fathers" for fathers with past or current issues with domestic violence.

Fatherhood programs that address IPV may need to confront the controversy over the rate of IPV experienced by women versus men. Some studies show equal rates of perpetration by men and women, while others show higher rates of victimization among women. The problem is probably one of measurement. As one scholar notes, "As measuring devices, the CTS [Conflict Tactics Scale] and CTS2 [Revised Conflict Tactics Scale] revolutionized the family violence field because they offered a quantitative tool to assess intimate partner violence perpetration and victimization in conflict situations, as behaviorally reported."[16] However, the results generated in studies employing the CTS — that men and women experience IPV at equivalent rates — are not found in many studies employing other measures.

National surveys supported by the National Institute of Justice, CDC, and the Bureau of Justice Statistics that examine more serious assaults report higher rates of victimization among females. In "Beyond Silence and Violence" published by Fathers Incorporated, the authors note that "because men, on average, are larger, stronger, and better skilled at fighting, women are much more likely to be severely injured, require medical treatment, and suffer fatalities than men are." Ultimately, they contend that focusing on who is more victimized and who deserves help can "often stir visceral reactions, which deteriorate into a 'blame game' or defensive arguments" that accomplish little.[17]

IPV and Parenting Difficulties

There is some research to suggest that men who self-report aggressive behaviors with their partners are more likely to display hostile-coercive parenting behaviors.[18] Scott and Crooks observe that:

> Court and community responses to male batterers are sometimes predicated on the assumption that once the intimate relationship has ended and domestic violence is not imminent, these men are generally capable of being good fathers (with perhaps a bit of education and support.) In reality, most batterers have a variety of significant parenting difficulties including problems in emotional involvement and availability to their children and/or in harsh, critical and coercive fathering behaviors.[19]

This data would suggest that fatherhood programs can benefit from knowing about IPV because it would allow them to provide targeted parent education sessions that address critical and coercive parenting styles.

In addition, there is evidence that mothers respond to IPV by limiting their engagement with the child's father. In the previously cited Texas study of couples voluntarily acknowledging paternity at the birth of the

child, domestic violence was singled out as one key factor in the failure to acknowledge paternity and the erosion of father involvement over time.[20] Whether this is due to a mother being unwilling to put herself or her child at risk, or a father being dissatisfied with a highly conflicted parental relationship, the end result is that fathers with a history of IPV are likely to spend less and less time with their children.

IPV and Programs Involving Mothers and Batterers

Around the nation, a number of fatherhood programs are beginning to work at engaging mothers in services. These programs recognize that mothers play an important role in either encouraging or discouraging father engagement with children. With the goal of helping mothers see the value of father involvement, these programs provide a variety of services to mothers as well as fathers such as parent education, mediation services, or support groups. Some of these services require mothers and fathers to meet jointly. Other services may be provided to mothers and fathers separately or there may be a mixed group of mothers and fathers, but not couples with a shared child. Programs providing services that bring couples together have special concerns about IPV, but all programs need to be aware that IPV may be an issue.

In "Beyond Silence and Violence: Engaging Men in Advocacy Against and Prevention of Domestic Violence" the authors recommend that fatherhood programs establish relationships with agencies serving victims of domestic violence and programs providing batterer treatment. Some fatherhood programs have individuals from the domestic violence community provide education and training about IPV to fatherhood program staff. One survey of 85 fatherhood program staff found that when this type of training takes place, staff is more likely to discuss IPV with their own clients. This same study underscored the importance of training staff with a finding that almost half of those surveyed reported they had never identified a father with an history of IPV.[21]

Another interconnection between fatherhood programs and IPV is the growing belief that fatherhood programming may improve the effectiveness of batterer intervention programs (BIP). Faced with evidence that BIP programs have limited ability to change batterer's attitudes towards women and deter future violent behavior, an expert roundtable convened in December 2009 recommended the incorporation of fatherhood programming with IPV treatment.[22] Safe Engagement is one such program. Working with both abusive and non-abusive fathers, Safe Engagement adopts a child-focused approach that attempts to overcome resistance to changing abusive behaviors by stressing that all fathers can learn ways to improve relationships with their children's mother. Another program, Caring Dads, is a 17-week intervention for men who have been abusive towards their children and/or the child's mother. The program goals include helping men to examine their fathering behaviors, be aware of and take responsibility for abusive behaviors, and appreciate how their behaviors affect their children.

Screening for IPV

Given the complexity of IPV, researchers recommend using instruments that capture multiple types of abusive behaviors (such as physical, sexual, or psychological), include questions related to severity (such as a range of behaviors from slapping to beating), provide information on the frequency with which the behavior has occurred, and, for at least some types of behaviors, capture the level of fear the victim experienced. However, in many settings it is difficult to administer a lengthy survey.

A number of short tools have been developed to provide information about IPV in a format that can be readily administered in a service setting. While these instruments do not overcome all of the problems related to measuring a diversity of behaviors, understanding the frequency and severity of the behaviors, and assessing the victim's reaction to the behaviors, they have been widely used and

are easily administered. Not surprisingly, several of these tools were designed for use by medical personnel who might see victims of IPV in the course of their work. Examples of four brief screening tools that are widely used are described below and included as attachments at the end of this brief.

Partner Victimization Scale (PVS) is a 5-item scale that asks about violence over a lifetime using dichotomous (yes/no) response rates. Follow-up questions are asked about age at the time of the incident, how many times it happened, who performed the action, whether it was witnessed, whether the respondent was frightened or injured, and whether any days of work or school were missed as a result of the incident.

HITS is an acronym of the four items covered by the scale Hurt, Insulted, Threatened with harm, and Screamed at. It is designed to be a short instrument for IPV screening that could be readily administered by family physicians. HITS is copyrighted by Kevin Sherin MD, MPH. For permission to use HITS, email Dr. Sherin at **kevin_sherin@doh.state.fl.us**.

Woman Abuse Screening Tool (WAST) was also developed for use by family physicians to identify and assess women patients experiencing emotional and/or physical abuse by their partner. The WAST demonstrates good reliability and validity and discriminates between abused and non-abused women.

The Conflict Tactics Scale 2 Short Form (CTS2S) is a shortened version of The Revised Conflict Tactics Scale developed by Straus, Hamby, Boney-McCoy, and Sugannan. The original Conflict Tactics Scale was controversial because it typically resulted in findings that women and men were equally abusive towards their partners. Critics argued that the scale did not measure injuries, sexual assault, or fear. The revised instrument (CTS2) added supplemental scales on injury and sexual coercion. The shortened version of this form is a 20-item scale which the authors estimate would take approximately 3 minutes to administer. The instrument is copyrighted by Western Psychological Services. For permission to use this instrument, contact WPS, Attn: Rights & Permissions, 12031 Wilshire Boulevard, Los Angeles, CA 90025, USA.

In addition to these instruments, there are numerous other screening tools. A good starting place to learn more about IPV screening is **Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools.**[23]

Implications for Programs

Fatherhood programs have the potential to reach many men whose lives are touched by IPV. Educating fathers about the effects of violence on their children, and providing help to those experiencing IPV may help fathers to avoid incarceration, job loss and the loss of their children.

Administrators who wish to incorporate IPV education into their programs and/or screen for IPV should reach out to their local domestic violence community. Advocates for victims of IPV are a good resource for educating and training fatherhood program staff.

Outreach will have the added benefit of ensuring that IPV is viewed as an issue of concern to both mothers and fathers. Outreach to IPV treatment programs may be another useful resource for training and education of fatherhood program staff. Collaborations between fatherhood programs and IPV treatment providers may also benefit the latter by improving the effectiveness of IPV treatment services through the incorporation of fatherhood material.

Finally, fatherhood programs need to adopt effective and practical IPV screening techniques if they wish to engage mothers in programming and the delivery of conjoint services to improve father engagement and coparenting.

Implications for Researchers

Little research has been done on the effectiveness of incorporating IPV education into fatherhood programs, or on the effectiveness of incorporating a focus on fathering into IPV treatment programs. Process evaluations are needed to determine how such collaborations can best be encouraged and outcome evaluations are needed to determine if there are changes in attitudes and behaviors when men hear about violence in fatherhood programs and fathering in violence treatment programs.

Research is also needed to assess whether IPV is a barrier to engaging mothers in fatherhood programs and coparenting services and the impact of coparenting interventions on levels of IPV, particularly for low-income and unmarried families.

Attachments

Partner Victimization Scale

Not including horseplay or joking around, my partner threatened to hurt me and I thought I might really get hurt	Yes No	1 0
Not including horseplay or joking around, my partner pushed, grabbed, or shook me	Yes No	1 0
Not including horseplay or joking around, my partner hit me	Yes No	1 0
Not including horseplay or joking around, my partner beat me up	Yes No	1 0
My partner made me do sexual things when I didn't want to	Yes No	1 0

If any item above is endorsed, follow-up questions a, b, f, fa, fb, e, g, and h are asked.

a. How old were you when this happened?
[check all that apply]

- Early Childhood (birth to 5)
- Early Adulthood (19-25)
- Childhood (6-12)
- Adulthood (26 or older)
- Adolescence (13-18)

b. How many times did this happen to you in your whole life?

e. Who did this?

Husband	Wife
Boyfriend	Girlfriend
Ex-boyfriend	Ex-girlfriend

f. Did any teen or grown-up see what happened besides you and the person who did this?

- Family member of victim or perpetrator
- Other person you know, such as a friend, teacher or neighbor
- Police
- Stranger
- No one saw this

fa. Did anyone who saw what happened:

- Help in any way
- Make things worse
- Both helped and made it worse
- Didn't help and didn't make it worse

fb. Did any witness get hurt or threatened?

- Yes
- No

g. Thinking back to when it happened, how afraid did you feel? Would you say you felt:

- Not at all afraid
- A little afraid
- Very afraid

h. Did you miss any days of school, work, or your normal routine because of what happened?

- Yes
- No

If endorsed, items 2, 3, 4, and 5 respondents are also asked:

Were you physically hurt when this happened?

- Yes
- No

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Hamby, S. (2014, October 27). Self-Report Measures That Do Not Produce Gender Parity in Intimate Partner Violence: A Multi-Study Investigation. Psychology of Violence. Advance online publication. http://dx.doi.org/10.1037/a0038207

"HITS" A Domestic Violence Screening Tool for Use in the Community

How often does your partner:

Physically hurt you	
Never	☐ (1)
Rarely	☐ (2)
Sometimes	☐ (3)
Fairly Often	☐ (4)
Frequently	☐ (5)
Insult or talk down to you	
Never	☐ (1)
Rarely	☐ (2)
Sometimes	☐ (3)
Fairly Often	☐ (4)
Frequently	☐ (5)
Threaten you with harm	
Never	☐ (1)
Rarely	☐ (2)
Sometimes	☐ (3)
Fairly Often	☐ (4)
Frequently	☐ (5)
Scream or curse at you	
Never	☐ (1)
Rarely	☐ (2)
Sometimes	☐ (3)
Fairly Often	☐ (4)
Frequently	☐ (5)

The inventory ranges from 4 -20. A score of greater than 10 is considered positive.

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KM Sherin, JM Sinacore, X-Q Li, RE Zitter, A. Shakil. (1998; 30(7). HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting. Clinical Research and Methods.

Woman Abuse Screening Tool (WAST)

How often does your partner:

In general, how would you describe your relationship?	
A lot of tension	☐ (1)
Some tension	☐ (2)
No tension	☐ (3)

Do you and your partner work out arguments with:	
Great difficulty	☐ (1)
Some difficulty	☐ (2)
No difficulty	☐ (3)

Do arguments ever result in you feeling down or bad about yourself?	
Often	☐ (1)
Sometimes	☐ (2)
Never	☐ (3)

Do arguments ever result in hitting, kicking, or pushing?	
Often	☐ (1)
Sometimes	☐ (2)
Never	☐ (3)

Do you ever feel frightened by what your partner says or does?	
Often	☐ (1)
Sometimes	☐ (2)
Never	☐ (3)

Has your partner ever abused you physically?	
Often	☐ (1)
Sometimes	☐ (2)
Never	☐ (3)

Has your partner ever abused you emotionally?	
Often	☐ (1)
Sometimes	☐ (2)
Never	☐ (3)

Scoring:

Over 17:	Not abusive
15 – 17:	Potentially abusive
Under 15:	Abusive relationship

The Conflict Tactics Scale 2 Short Form (CTS2S)

How often did this happen?

1 = Once in the past year

2 = Twice in the past year

3 = 3 -5 times in the past year

4 = 6 – 10 times in the past year

5 = 11 – 20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year, but it did happen before

8 = This has never happened

I explained my side or suggested a compromise for a disagreement with my partner	
My partner explained his or her side or suggested a compromise for a disagreement with me	
I insulted or swore or shouted or yelled at my partner	
My partner insulted or swore or shouted or yelled at me	
I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	
My partner had a sprain, bruise, or small cut, or felt pain the next day because of a fight with me	
I showed respect for, or showed that I cared about my partner's feelings about an issue we disagreed on	
My partner showed respect for, or showed that he or she cared about my feelings about an issue we disagreed on	
I pushed, shoved, or slapped my partner	
My partner pushed, shoved, or slapped me	
I punched or kicked or beat-up my partner	
My partner punched or kicked or beat me up	
I destroyed something belonging to my partner or threatened to hit my partner	
My partner destroyed something belonging to me or threatened to hit me	
I went to see a doctor (M.D.) or needed to see a doctor because of a fight with my partner	
My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me	
I used force (like hitting, holding down, or using a weapon) to make my partner have sex	
My partner used force (like hitting, holding down, or using a weapon) to make me have sex	
I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)	
My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)	

Severity is classified as none, minor only , and severe

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