FATHERS ROCK –
Multi-Agency-Model

Fathers Rock Multi-Agency Model

Table of Content

Introduction

Intimate partner violence (IPV) from male partners is likely to begin or escalate during pregnancy, has significant negative health implications for pregnant women and their babies (Donovan et al., 2016), and may detrimentally affect the mother-child relationship (Radford & Hester, 2006). Although IPV appears to be a more common problem than other problems in pregnancy (such as preeclampsia, placenta previa), the topic receives far less attention in childbirth services (Parys et al., 2014).

The European Fathers Rock project starts from the observation that while pregnancy and child birth are a time of heightened risk for men to start using or to increase their use of violence and abuse against their partners, this moment also provides an opportunity to prevent such violence by engaging men in becoming active fathers and caregivers who promote children's well-being.

Where fathers are involved in perinatal care and engaged fathering it can have positive effects both on the children's well-being and development, on the father child relationship, on the mothers and on fathers themselves. A UN multi-country study showed that presence at prenatal visits, taking paternity leave, and helping children with homework were associated with a reduced likelihood of IPV against women (Chan et al., 2017). Moreover, wanting to be a good father and to reduce the adverse effects of IPV on their children has been identified as one of the most important motivators for men who use violence against their partners to seek help and attend a behaviour change programme, making perinatal support services a privileged site to refer perpetrators to such programmes.

Currently, most services involved in pregnancy, childbirth and early education do not try to engage fathers by offering support specifically designed for them and to address IPV. The Fathers Rock project is therefore designed to develop specific competences of frontline professionals in pregnancy, birth, maternity, and childhood services, to promote caring masculinities and the engagement of men in parenting, identifying risks of domestic violence and referring perpetrators, and to work with fathers to prevent and address intimate partner violence, in order to increase the safety of women and children, and the wellbeing of all family members.

It is important to situate work with fathers to prevent and address intimate partner violence in a multi-agency context, where services involved in pregnancy and childbirth can link with services that have more specialism in IPV and violence prevention, as well as others who may form part of a wider network for violence prevention. This manual was developed as part of the Fathers Rock project to outline the principles and practicalities of carrying out such multi-agency work.

The Fathers Rock approach builds on key aspects identified by earlier EU projects: how professionals can identify and refer gender-based violence (GBV) within their target groups (ENGAGE), how domestic violence (DV) can be prevented through enhancing fatherhood skills (PARENT), and how society and relationships can benefit from challenging gender roles and promoting caring roles among men (MIC).

1. Knowledge

What is gender-based and intimate partner violence?

The Council of Europe explains that GBV is based on an imbalance of power and affects women disproportionately[1]. It is carried out with the intention to humiliate and make a person feel inferior and/ or subordinate. In other words, it provides a means of enacting power and control over the other person. This type of violence is deeply rooted in the social and cultural structures, norms and values that govern society, and is often perpetuated by a culture of denial and silence.

Intimate partner violence (IPV) is one form of GBV, and involves violence and abusive behaviour from one partner, usually male, to the other, usually female. The most harmful IPV involves a pattern of coercive and controlling behaviours over time, that may include any combination of physical, sexual, psychological, emotional, and financial forms of violence. The forms of violence used by perpetrators change over time, e.g. more recently using digital means to monitor and control a partner, and social media to humiliate her'[2].

IPV does not stop when partners separate, and indeed the period during and the months after partners separate is when woman are at the highest risk of being killed by their (ex)partner. The reason for such behaviour is due to the controlling aspects of IPV, with the perpetrator feeling increasingly 'out of control' when his partner says she is leaving or has managed to leave. In many countries we are seeing an increasing trend of IPV perpetrators killing the children and themselves on the breakup of the relationship (Truong et al., 2023), with the rationale that this allows them to 'take back control'.

Violence in the context of pregnancy and childbirth

Studies in recent years show that pregnant women and mothers of babies or young children are at increased risk of gender-based violence. For example, a study by Hellmuth et al. (2013) states that the risk of women becoming victims of intimate partner violence during pregnancy can be as high as 50%. According to a meta-study (92 independent studies), on average 28.4% of pregnant women are affected by psychological violence, 13.8% by physical violence and 8% by sexualized violence in the couple relationship (James et al., 2013). Another meta-study from 2021 states that, despite the wide range of variation in individual studies with regard to IPV, it is worth mentioning that no less than 1 in 50 to 1 in 2 women are affected by physical violence during pregnancy and that the frequency of psychological violence in the partnership is significantly increased during pregnancy (Román-Gálvez et al., 2021).

---

[1] Men can also be targeted with gender-based violence, but the number of such cases in intimate partner violence is much smaller than in relation to women (Scambor & Scambor, 2017). Also, someone may be born with female sexual characteristics but identify as male, or as male and female at the same time, or sometimes as neither male nor female. LGBT+ people (lesbian, gay, bisexual, transgender and other people who do not fit the heterosexual norm or traditional gender binary categories) also suffer from violence which is based on their factual or perceived sexual orientation, and/or gender identity. For that reason, violence against such people falls within the scope of gender-based violence. Council of Europe: What is gender-based violence? - Gender Matters (coe.int)

[2] Federal Ministry for Digital and Economic Affairs (2018). Violence on the Internet against women and girls in Austria. https://www.weisser-ring.at/wp-content/uploads/2018/10/Broschuere-Gewalt-im-Netz.pdf

According to the WHO (2011) "Domestic abuse doubles the risk of preterm birth and low birth weight, and more than 40% of survivors experience mental health issues including anxiety, depression, and emotional detachment which can affect the way a mother bonds with her child. This has potentially far-reaching intergenerational effect" (WHO, 2011 Information Sheet).

Violence against Children

Babies and children may be directly or indirectly affected where their fathers are violent to their mothers. The fathers may also be violent to the children, use the children as part of violence against the mother, and the children can be affected more generally by living in the context of fear and control exerted by some perpetrators (Stanley, 2011). Studies indicate there may be damage to children in the womb where perpetrators are targeting the woman's stomach, and there can be damage to foetuses that manifest after birth (Donovan et al., 2016). Violence against children can include children's basic needs such as respect, safety, physical integrity and emotional and social support not being met. It can begin when adults do not respect children as distinct personalities but want to exercise power over them or control them. In this way, the children are quickly given a feeling of powerlessness, worthlessness, fear and dependence.[3]

Power and Control

How can power and control be maintained in intimate relationships? Pence and Peymar (1993) developed the *Power and Control Wheel* in which particular behaviours are shown through which the intimate partner perpetrator controls the other partner to keep them in the relationship and on their terms. "The inside of the wheel makes up subtle, continual behaviours over time, while the outer ring represents physical and sexual violence. Thus, abusive actions like those depicted in the outer ring reinforce the regular use of other, more subtle methods found in the inner ring." [4]

Copyright by the Domestic Abuse Intervention Project
202 East Superior Street, Duluth, MN, 55802
218-722-2781

The Power and Control Wheel can be a very useful tool to use with pregnant women and new mothers to assess if they are experiencing IPV. Showing the woman the diagram and asking her if she recognises any of these behaviours in her

---

[3]https://www.unicef.de/informieren/aktuelles/gewalt-gegen-kinder-beenden/was-ist-gewalt-fragen-und-antworten

[4] https://www.thehotline.org/identify-abuse/power-and-control/

relationship provides a useful opening and means of asking about the quality of the relationship and any negative behaviour they are experiencing from their partner. Studies show that this approach can have a positive effect on identifying and tackling IPV (Hester, 2006).

Making violence visible

The vast majority of IPV and GBV remains in the dark, is covered up or trivialized. This has largely to do with perpetrator strategies (threats, shame etc.) and the ways IPV and GBV may appear 'normal' in our societies.

visible violence

invisible violence
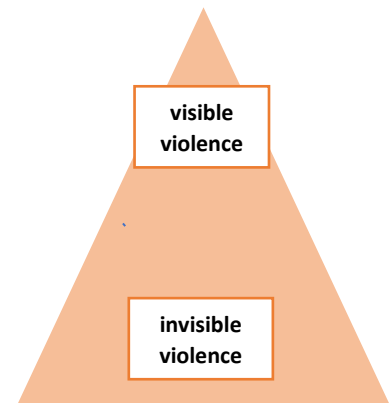
1.   Physical violence

Violence is often not named: "There was an incident"

By physical violence we mean any form of physical injury to a person or group of people directed externally or against oneself. This includes abuse such as "hitting, shaking (of babies and young children), pushing, kicking, boxing, throwing objects, pulling hair, beating with fists or objects, banging one's head against the wall, burning (with cigarettes), attacks with weapons, etc., up to attempted murder or murder"[5]. The understanding of physical violence is subject to societal social norms and historical changes.

2.   Psychological Violence

Humiliating, scolding, threatening, devaluing, manipulating, isolating, patronizing, ...

By psychological violence we mean both verbal and non-verbal emotional abuse. Psychological violence is more difficult for outsiders to recognize, but often has serious consequences for those affected. Psychological violence includes: (1) isolation and deprivation, (2) threats, coercion and fear-mongering, (3) insults, devaluations and defamation, and (4) harassment and terror.

3.   Sexual violence

Forcing sex, not accepting a no, unwanted touching, showing porn, sexting, ...

Sexual violence refers to hands-on or hands-off sexual acts that are carried out against a person's will, without their consent, or to which a person cannot consent due to physical, psychological, cognitive or linguistic inferiority or due to inability to resist (e.g. while sleeping or under anesthesia) (Rieske et al., 2018).

---

[5] https://www.gewaltinfo.at/fachwissen/gewalt-an-kindern-und-jugendlichen-durch-erwachsene.html

4.   Economic or financial violence

She has to ask for money for expenses, he has the final say on decisions, she is not allowed to earn money, …

By economic violence we mean the one-sided control of financial resources, and may include denial of resources or creation of debt that affects the victim negatively. Economic violence has different faces in IPV: creating and maintaining financial dependency; provide insufficient financial resources; preventing, stealing, depriving education and/or personal income; keep financial resources secret; prohibit you from managing or creating an account; taking property, withholding it, administering it to others for no reason[6].

Johnson's IPV Typology

By analysing the data from the US national Violence Against Women Survey Johnson et al. have been able to differentiate between types of IPV based in the nature of the control context of the relationship in which the violence takes place. He calls the three types: Coercive Controlling Violence, Violent Resistance and Situational Couple Violence (Johnson et al., 2014). The three types of IPV are defined by influencing factors such as the dynamics among the partners, the situational context and the consequences[7].

It is important that services involved in pregnancy, childbirth and early education know there are such different patterns of IPV in order to ask about possible violence and to enable prevention. However, services involved in pregnancy, childbirth and early education are not experts in tackling or preventing IPV and therefore need to work with expert services in a multi-agency context to ensure safety for mothers and children. Mothers in such relationships may show reluctance for their partners to be present.

Coercive Controlling Violence – or what Johnson also terms 'intimate terrorism', is the most severe and harmful form of IPV "in which one partner uses violence and other coercive control tactics to attempt to take general control over his or her partner" (Johnson et al., 2014: 197). While such coercive controlling violence can be perpetrated by either men or women in heterosexual or same-sex relationships, it will be most common in heterosexual relationships, where it is primarily male-perpetrated (Johnson, 2007). Coercive control violence is based on a pattern of emotional intimidation, coercion and control combined with physical violence against the partner. Often, this type does not manifest itself in a high degree of physical violence, but is characterized by a combination of various control tactics. Often, over time, serious escalating acts of violence occur. In families where there is coercive controlling violence (and possibly violent resistance), fathers may take part in pregnancy and childbirth related activities because they want to control and monitor the activities and contacts their partner has, and the fathers involvement is thus part of their coercive and controlling behaviour.

---

[6] https://www.gewaltinfo.at/fachwissen/definition-gewalt.html

[7] Johnson did previous outline a fourth type - Violence in separation - which he describes unexpected and atypical acts of violence committed by partners who did not behave in a controlling or intimidating manner during the relationship. However he later decided this was not empirically founded.

Violent Resistance – is the second type of intimate partner violence and arises when the target of intimate terrorism uses violence in response to the coercive controlling violence of her partner. In heterosexual relationships, violent resistance is used primarily by women to protect themselves and their children.

Situational couple violence - is the third major type and arises in the context of specific conflicts that turn into arguments that escalate to verbal aggression and, ultimately, to physical violence. This type of domestic violence does not involve a pattern of power, coercion and control between the partners, but usually arises from an impulsive and uncontrolled situation. Johnson argues that the perpetration of situational couple violence is carried out by both partners in heterosexual relationships. It is probably as likely to occur in same-sex as in heterosexual relationships (Johnson et al., 2014). It may be easier to ask about IPV in relationships and engage fathers in caring fatherhood in circumstances of situational couple violence.

2. Empowerment of Experts of Perinatal Services

The Fathers Rock focus group discussions and interviews have shown how challenging it is for some experts to address violence, to acknowledge violence as such and to talk about it. Narratives of security, safety and happiness seem to be widespread around birth. Questions of support and assistance in childbirth are also relevant. Although references to coercive control in intimate relations have been described by some experts in perinatal and parental education services, violence seemed to be a no-named topic. This makes it all the more important that we address this issue so that violence can be recognized as such and adequately reacted to.

Recommendations for dealing with situations of violence are provided separately in Chapter "Step 4: Responsibilities of & Guidelines for Perinatal Services". In "Guidelines for perinatal services in course of disclosure" we focus on the one hand on preparing for situations of violence, but also on concrete recommendations in the disclosure of violence, with a view to victims affected, but also with regard to perpetrators. With regard to both groups, proposals for external expertise will also be provided there. In this Chapter "Step 2: Empowerment of Experts of Perinatal Services" we rather focus on what experts of perinatal services can do in advance, how they can prepare themselves and how they can find experts in victim safety and working with perpetrators in their region. Building on Step 2, we then show in the following Step 3 how important the network is for a multi-agency model.

Be prepared

In order to be able to act in a professional way, it is important to be prepared for a violence disclosure situation. Therefore the following recommendations are given.

- **Acquire knowledge about violence**: In order to be able to recognize violence as such, it is necessary to acquire sufficient knowledge, about its forms and dynamics.

- **Reflect on own experiences of violence**: Own violence experiences that have not been dealt with can prevent us from recognizing violence as such. In order to be able to support others in cases of violence, it is therefore important to deal with one's own experiences of violence.

- **Research local victim support services and local institutions that work with perpetrators**: In order to be able to react quickly in cases of disclosure, it is advisable to find out in advance where victims of violence can find professional support (e.g. violence protection centres or women's shelter in your region). Furthermore search specifically for work with perpetrators (e.g. probation) services, men's counselling centres or other local facilities and services for perpetrators in your region. If you cannot find any facilities for work with perpetrators in your region, contact victim protection agencies and ask them to refer you to facilities for perpetrator work.

- **Establish and maintain contact with victim support services and institutions for work with perpetrators in your region**: Set up the contact with institutions that work with perpetrators as well as victim protection services in your region. Introduce yourself and your organization. Also invite the facilities to introduce themselves and their services in your team. You should get in contact with these regional facilities at least once a year. You should make sure that the contact person is still your contact person. You should also take the opportunity to find out about new services offered by the facilities and inform them about new services of your own.

It is of utmost importance to provide a safe and supportive environment for all our clients, especially when they disclose experiences of violence or abuse. In such cases, it is crucial to offer appropriate responses and referrals to experts who can provide specialized assistance, for victims of violence as well as for perpetrators.

Whom to address for support in case of disclosure by victims

In case of a disclosure and having ensured a safe and empathic response, it is important to refer to experts. Encourage your client to seek help from experts trained in handling situations of violence and abuse, such as:

- **Domestic Violence Outreach Programs or Shelters:** Refer clients to local shelters or safe houses where they can find immediate protection and support.

- **Therapists and Counsellors:** Recommend licensed therapists who specialize in trauma, domestic violence, or perinatal mental health.

- **Legal Aid Services:** If legal action is necessary, provide information about legal aid organizations that can assist in obtaining restraining orders or custody arrangements.

- **Social Services Agencies:** Connect clients with local social services agencies that can provide assistance with housing, food, and financial support.

- **Community Support Groups:** Suggest support groups or organizations that offer a sense of community for survivors of violence.

Before referring a victim of violence, it is important to develop personal relationships with all experts and professionals working within agencies working with victims. This way, you can phone the agency and support your client in talking directly with them, making an appointment, and helping them access the support they need. For this reason, it is crucial to develop a "human" network within the Multi-Agency response. Remember that your role as a perinatal and parent educator is to provide a safe and compassionate space for your clients. By following these guidelines and making appropriate referrals, you can help clients who have experienced violence take the first steps toward healing and recovery.

Whom to address for support in case of disclosure by perpetrators

In case of a disclosure by a perpetrator, it is important refer as quickly as possible to experts working with perpetrators. Encourage your client to seek help from experts working with men and perpetrators, such as:

- **Counselling services for perpetrators of violence:** If counselling services for perpetrators of violence exist in your region try to refer the perpetrator to those institutions. By working through their own experiences of violence with the perpetrators (as one expert from an interview in the course of the Fathers Rock Project put it, "going down the dark staircase to repressed experiences of violence"), the perpetrator can take responsibility for his own violent behaviours and change his behaviour.

- **Counselling services for men:** Sometimes counselling services for perpetrators of violence are too high-threshold because the perpetrator is unable to admit his guilt. In this case, it is recommendable to refer offenders to counselling services for men. These are usually well networked with agencies with counselling services for perpetrators of violence and help pave the way for perpetrators to access relevant counselling of violence.

- **Therapists:** Optional you can recommend licensed therapists who specialize in working with perpetrators.

Try to find the relevant institutions via an Internet search, for example by entering your region and counselling services for perpetrators. Ideally, however, you should already be in contact with the individual agencies. You can find out how networking with other agencies can be implemented in our chapter on "Networks".

3. Multi-Agency Model and the Role of Networks

Multi-Agency Model: What is it and why is it necessary?

A Multi-Agency Model is an interdisciplinary network of different organizations, who join to achieve a common goal. The aim of this Multi-Agency Model is to protect women, children and individuals in general who suffer from violence in close relations and intimate partner violence. In order to proceed as effectively and coordinated as possible, various services join forces. In the case of Fathers Rock, these various organizations and services are part of an *inner circle*:

1. Organizations from parent education and other birth-related services
2. Organizations from victim protection services
3. Organizations working with perpetrators

In the *outer circle*, other organizations or relevant stakeholders are important in order to achieve the goal - the protection of victims of violence in close relations. The outer circle of the Multi-Agency Model can include, for example, child and youth welfare services, family courts, the police and many more, all organizations that can contribute to ensuring the protection of victims of violence in close relations and intimate partner violence.

The following graphic illustrates the Multi-Agency Model:
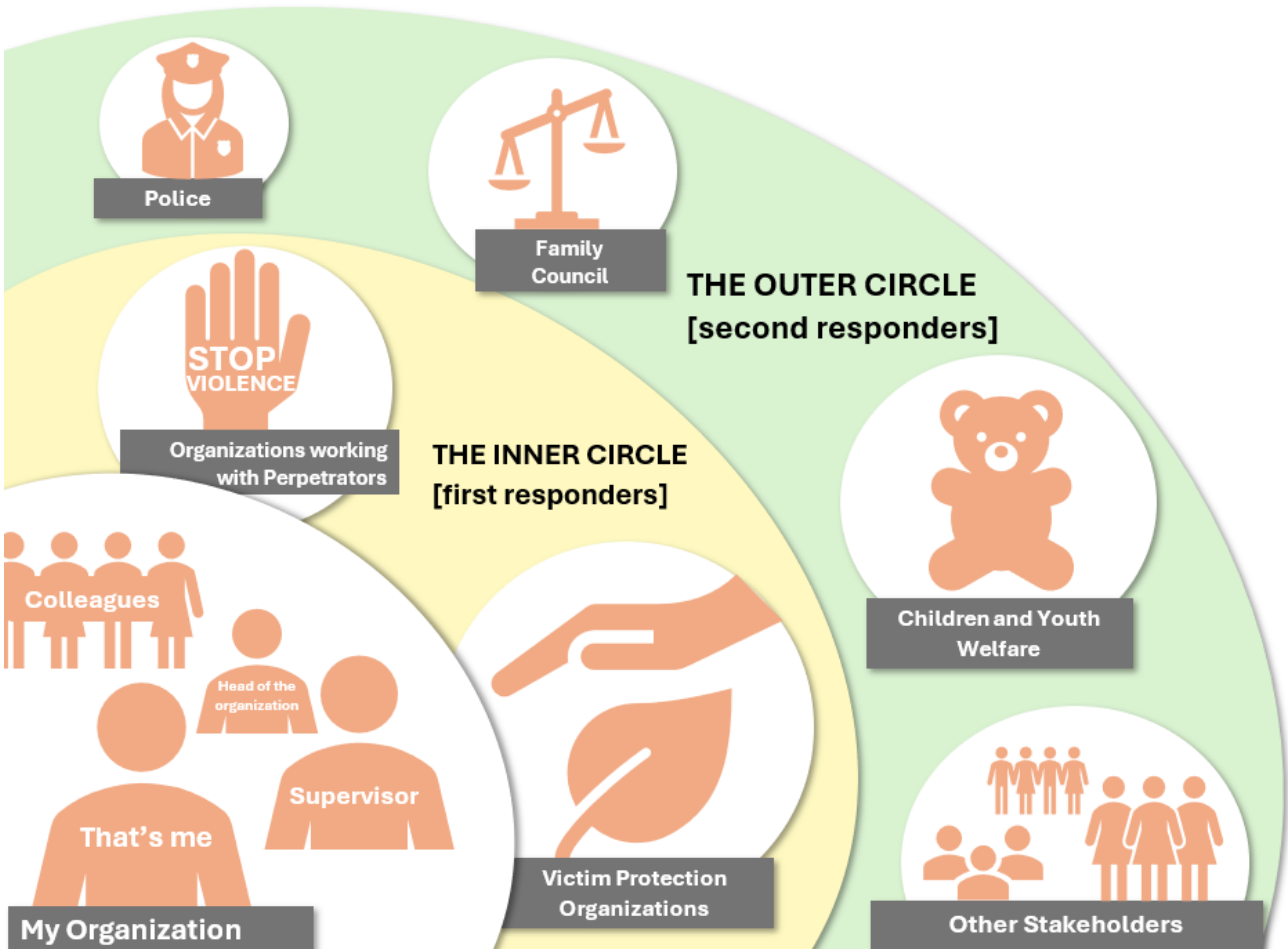
We are aware that a variety of different agencies and institutions are active in the field of victim protection work as well as in the work with perpetrators in different European countries. Nevertheless, we would like to take exemplify different possibilities of cooperation within the framework of a Multi-Agency Model. Two examples of how the Multi-Agency Model could be implemented in practice:

The **first example** is a situation where violence from a father against a mother is observed in a parent education organization (or in an early childhood education centre, depending on the country the services implied will be different) during an event.

1. The parent education organization contacts a victim protection agency and discusses the incident with the experts.

2. The victim protection organization exchanges information with colleagues from an institution working with perpetrators of violence and alerts the police due to the seriousness of the incident.

3. The police expel the perpetrator from the shared household and involve the family court.

4. The family court imposes a temporary ban on the violent perpetrator approaching the mother and children and sentences the perpetrator to a conditional prison sentence. As a condition of the conditional prison sentence, the family court refers the violent offender to the probation service. To relieve the current family situation, the family court also orders outreach support from the child and youth welfare service for the young children living in the family.

5. The probation service contacts the institution working with perpetrators of violence so that the violent perpetrator can receive psychotherapy and anti-aggression training there.
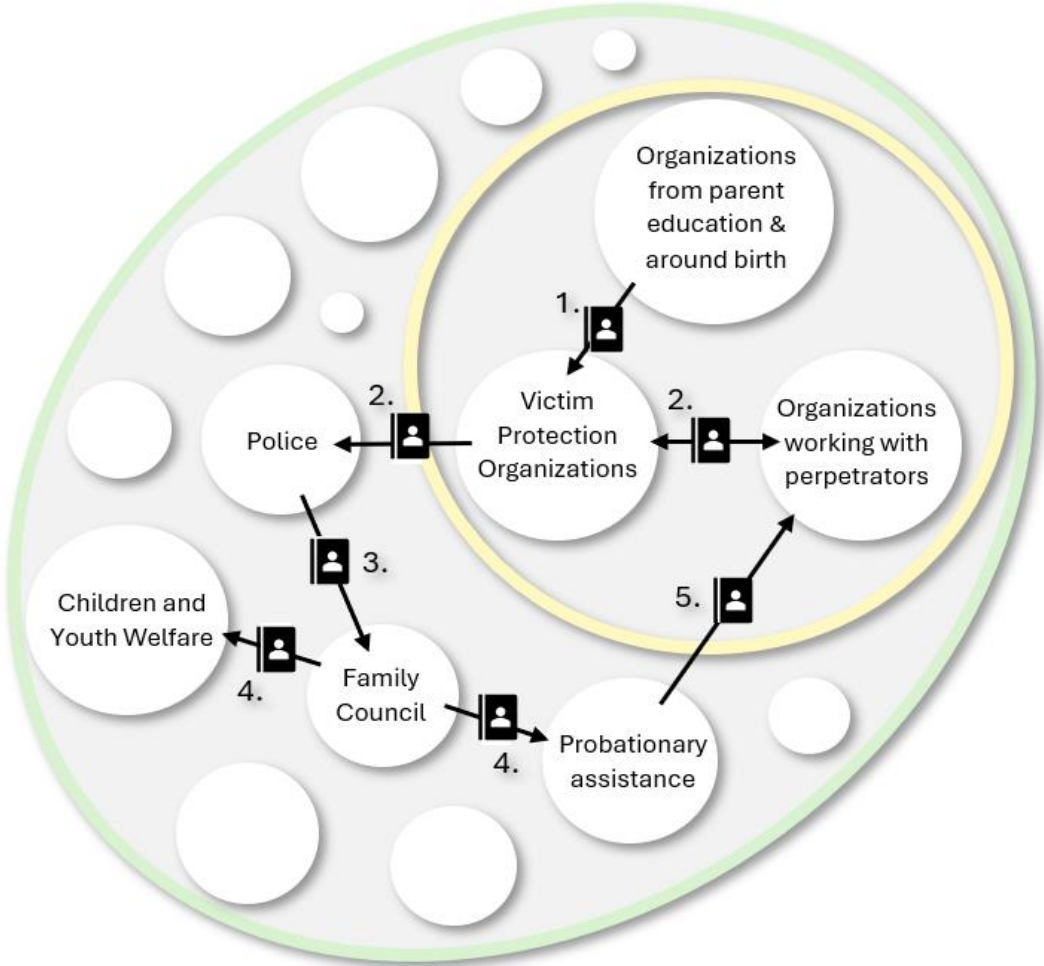
The **second example** is a scenario of a male client at the men's counselling centre who is afraid about his new role as a father.

1. A client (father-to-be) in a men's counselling session tells the counsellor that he is afraid of doing something wrong when raising his newborn child. He is also afraid of acting like his own (violent) father in a challenging situation with his child, shouting at him or perhaps even becoming physically violent.

2. The counsellor from the men's counselling centre contacts an institution for parent education and asks about offers for the client where he can learn how to deal with his child. The parent education centre offers a wide range of courses for young fathers.

3. The counsellor from the men's counselling service contacts the client and refers him to the various services offered by the parent education institution.

4. After a certain period of time, the counsellor from the men's counselling service contacts the client and the parent education institution again and asks whether the father has arrived at the institution.

In the course of the Fathers Rock project, various representatives from parent education and other perinatal services on the one hand and various representatives from victim protection and working with perpetrators services on the other hand were asked about the current state of exchange between institutions.
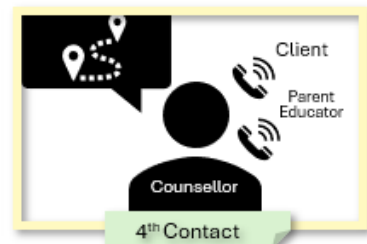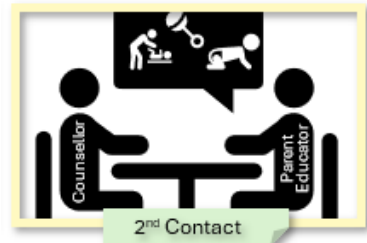
Existing Networks

What emerges from the interviews and focus group discussion is the impression that so far there is little networking between the individual agencies, i.e. between parent education and other perinatal services on the one hand and victim protection and perpetrator work on the other. Occasionally there is networking, but mostly this networking depends on individuals who have personal contacts with other agencies. What is often missing is networking at institutional level, i.e. between the organizations as a whole. If networks are not tied to engaged individuals, but if many representatives of the organization support the network, then the networks will endure.

In Austria, one of the participating Fathers Rock partner countries, exists a close-knit network between victim protection and work with perpetrators organisations. In Styria, a province in Austria, so-called victim-safety oriented work with perpetrators (Opferschutzorientierte Täterarbeit, OTA for short) is implemented. This is a holistic approach, which means that there is an intensive exchange both at institutional as well as at individual level, through a case approach, in order to provide maximum protection for victims.

From this holistic approach, a number of recommendations can be derived for the networking of parent education and other perinatal services on the one hand and victim protection and perpetrator work on the other. First of all, it is important that the individual agencies introduce themselves to each other: In an interview with an OTA expert, it was recommended that representatives of the different agencies should repeatedly introduce themselves at team meetings of the other agencies. This gives the individual agencies an impression of how the other agencies work. In addition, the individual agencies also get a face; it is easier to talk to "Sarah" or "Tom" than to a faceless institution. Personal contacts are particularly important when working with violence in order to overcome obstacles.

Further recommendations on how to establish a Multi-Agency Model follow in the next chapter.

What to consider when establishing a Multi-Agency Model?

Recommendations for parent education and perinatal services

Based on the Fathers Rock research results the following recommendations are outlined on what to consider by parental education and perinatal services when establishing a Multi-Agency Model:

- It is important that perinatal services make themselves available to organize ongoing trainings for all of their frontline workers on the detection of violence and the referral of both men and women to dedicated services. The training could be conducted by organisations working with perpetrators and/or organisations from victim protection services.

- Furthermore, it is important that perinatal services raise awareness among their frontline workers about involving fathers in every stage of pregnancy, postpartum, perinatal care, and early childhood education. This can be achieved by identifying internal best practices, including organizational aspects (such as scheduling two sessions for pregnancy check-ups, involving fathers by requesting their presence, and extending reception hours to accommodate working fathers). Additionally organizing prenatal and postnatal courses exclusively for fathers are recommended. These courses should be facilitated by experts, both female and male, including professionals from violence against women centres and centres for male perpetrators of violence.

- In these sessions, topics should cover gender equality, shared caregiving, changes in the couple dynamic, female and male postpartum depression, information on newborn care, changes in the maternal and paternal body and emotions, and the management of stress emotions, caring masculinity, and the paternal role. This approach aims to foster a comprehensive understanding and involvement of fathers in the various aspects of pregnancy, childbirth, and early parenting, contributing to a more inclusive and supportive environment.

Recommendations for victim protection agencies

By establishing a Multi-Agency Model, victim protection services will gain knowledge on working with perpetrators of violence and fathers who are perpetrators of violence, along with more information on the functioning of services for perpetrators of violence.

The following aspects are recommended on what to consider by victim protection services establishing a Multi-Agency Model:

- Victim protection services should involve anti-violence trainings in courses of parental education and perinatal services to raise awareness of gender-based violence among both mothers and fathers.

- The services should organize training sessions for frontline workers of parent education and perinatal services to provide skills for the detection of violence and the referral to victim protection services and services working with perpetrators. If possible, these trainings should be hold together with services for perpetrators.

- The services should contribute to the development of best practices and checklists for the detection of violence for frontline workers in parental education and perinatal services.

Recommendations for organisations working with perpetrators

By establishing a Multi-Agency Model services for perpetrators would profit from a greater preparation on the developmental phases of children and on knowhow how to actively involve fathers, through training conducted by parental education and perinatal services.

The following aspects are recommended on what to consider by working with perpetrator organisations establishing a Multi-Agency Model:

- Services working with perpetrators should conduct specific sessions on the positive effects of active fatherhood within programs for perpetrators, involving experts from parental education and perinatal services.

- As well as the services for victim protection, services working with perpetrators should organize training sessions for frontline workers of parent education and perinatal services to provide skills for the detection of violence and the referral to victim protection services and services working with perpetrators. If possible, these trainings should be hold together with services for victim protection.

As well as the services for victim protection, the services working with perpetrators should contribute to the development of best practices and checklists for the detection of violence for frontline workers in parental education and perinatal services.

Recommendations for all organisations involved

The following aspects are recommended on what to consider when establishing a Multi-Agency Model.

- Establish collaboration protocols: Every involved service should be familiar with the procedures for handling both violence-related cases and those related to childhood and childbirth. Consideration can be given to specific training sessions for frontline workers. The methods for detecting violence and referral of perpetrators to dedicated services should be defined. This presupposes specific training on overcoming resistance to detecting violence and on the best strategies to encourage men to contact specialized centres. Additionally, joint communication campaigns can be organized in the area among services to raise public awareness of the paternal caregiving role and gender equality.

- Ongoing funding: It is crucial to provide ongoing funding to all members of the Multi-Agency Model. The involvement of institutions and government agencies is necessary to institutionalize and secure funding for these initiatives. In this regard, institutional commitment is also necessary to adapt services to an organization of schedules, spaces, and personnel suitable for involving fathers during non-working hours. There should be internal governance aimed at identifying protocols and best practices for involving fathers, detecting violence, and referring men, women and children to specialized services.

- Raise awareness on standardizing European law on parental leave: It becomes necessary to raise awareness among institutions and government agencies to standardize a European law on paternity, protecting the father's role and consequently, the mother and the parental couple. However, this often clashes with various political approaches on caregiving roles, still often rooted in gender stereotypes and discrimination. Laws regarding parental leave vary significantly from one country to another. For instance, in Sweden, it can reach up to 90 days, while in Italy, it's only 10 days. To achieve institutional change, it is essential for perinatal services and those interacting with both men and women to collaborate in creating network protocols and joint working practices. This collaboration can contribute to breaking down stereotypes and promoting a more balanced and equitable approach to parenting roles at the institutional level across Europe.

4. Responsibilities of & Guidelines for Perinatal Services

Responsibilities of perinatal services

What came up again and again in the Fathers Rock focus groups with experts from parent education and other perinatal services was the question of why experts from these services should deal with violence of fathers. For example, it was assumed that intimate partner violence does not affect their own clients and therefore not their work. Statistically, however, it can be proven that violence affects all levels of society and therefore affects us all.

Pregnancy and the birth of a child are critical moments and represent risk factors for violent behaviour of fathers. Therefore it is important that professionals who work with (future) parents are able to identify the signs of possible violent behaviour. Perinatal and parental education experts come into contact with the couple and can observe their dynamics. A specific training in assessing violence can increase awareness for identifying violent behaviour at an early stage.

An important first step is to realize that also experts for perinatal and parental education may be confronted with violence in their work. However, being aware that these experts may be confronted with violence, will increase their preparedness for a violence scenario and will strengthen their ability to deal with these challenging situations in a professional way.

The reason why people tend to ignore violence is based on insecurity and lack of knowledge in dealing with such challenging situations. The Multi-Agency Model should increase experts' knowledge and sensitivity and help to reduce feelings of insecurity and fear when violence happens.

The responsibility of parent education and other perinatal services start with identifying and detecting violent behaviour of clients and ends with a successful referral of the perpetrator's services and victims support services that can deal with it. If experts in perinatal and parental education observe violence, it is important not to try to "tinker" with it on their own. Observing violence is similar to observing an accident: it is not the responsibility of these experts to accompany the victims throughout the entire process. The expert's role here is more equivalent with "calling the ambulance". When violence is observed, it is challenging enough for experts in perinatal and parent education to set the contact with the relevant experts who can provide appropriate services.

In Austria for example, there is an obligation to report to child and youth welfare services as soon as a child's welfare is at risk, unless the risk to the child's welfare can be averted by own intervention. The child and youth welfare service is then obliged to check the endangerment, report and clarify whether and in what way the child is at risk. Pedagogues and other experts are also obliged to report any suspicions to their supervisor. Actually anyone in Austria is entitled to report a risk to a child's welfare centre. In addition to the name of the child and its legal guardian as well as the address, the basis of the suspicion needs to be stated. The more concretely the observations are reported, the more efficiently the child and youth welfare services can support and protect the child.[8]

According to violence experts, this is more complicated for childless couples or couples who are expecting their first child, as it is difficult to prove whether there is a risk for themselves or others. Nevertheless, perinatal services and parental education services should contact experts in victim

---

[8] Cf. König, Gertrude/Neudecker, Barbara/ Wölfl, Hedwig/ Wolf, Martina. 2023. (K)ein sicherer Ort – Kindeswohl-gefährdung erkennen und helfen. Ein Leitfaden. Wien: Bundeskanzleramt Sektion VI.

protection or working with perpetrators of violence and seek advice on what should be done. What anyone can do in any case, however, is to convene a so-called police case conference ("polizeiliche Fallkonferenz"). This is where various agencies meet to discuss what can be done in challenging cases.

Guidelines for perinatal services in course of disclosure

This part of the MAM first presents how experts in parental education and perinatal services can react when violence occurs in the course of their work. This is followed by a specific guideline on how to act in course of disclosure by victims and a separate guideline on how to act in course of disclosure by perpetrators.

General Guideline for perinatal services if violence occurs

If a violent situation occurs in the workplace between clients of parental education or other perinatal services, the procedure shown in the following graphic is recommended by the Fathers Rock team:
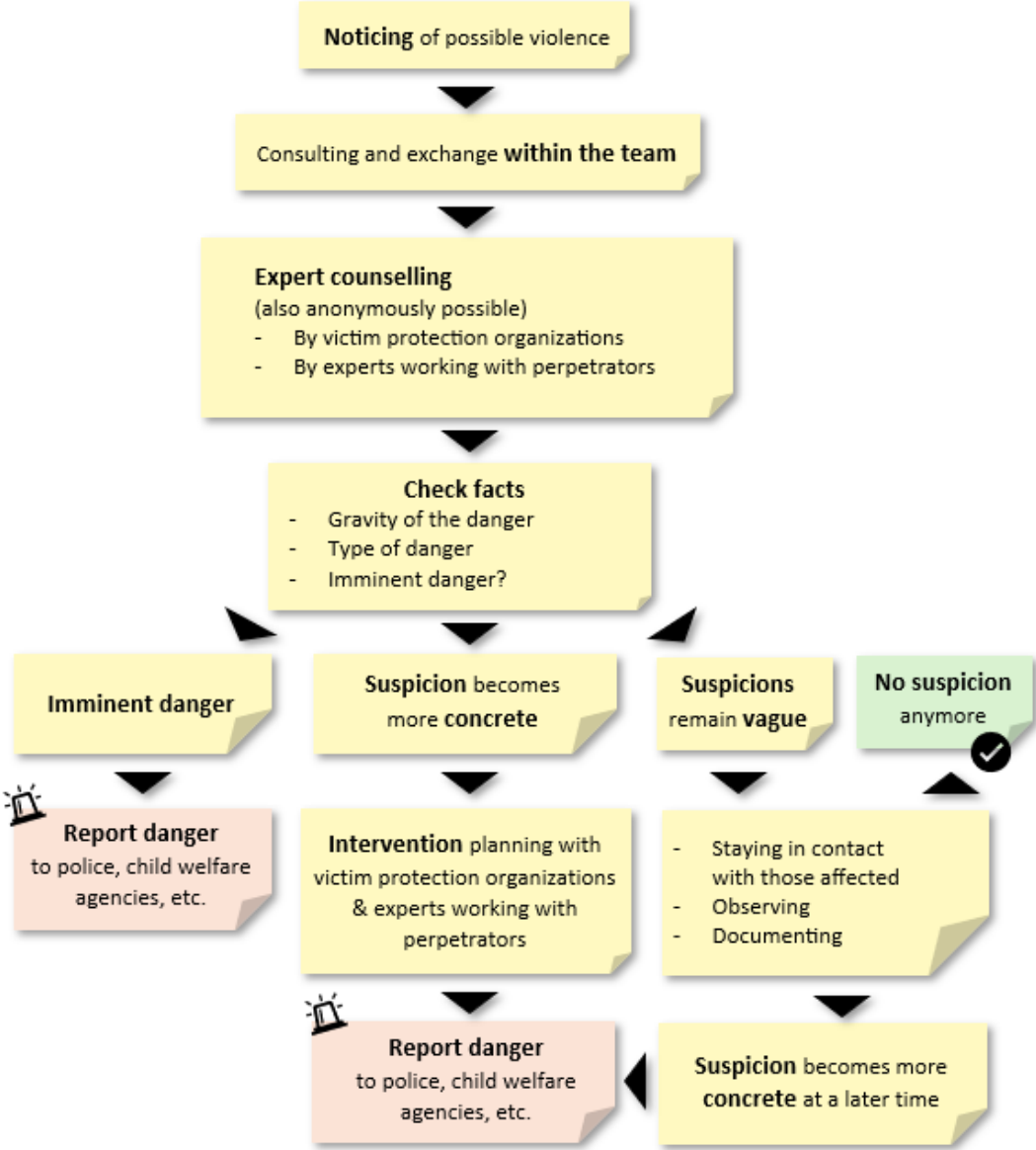
Figure 1: General Guideline for perinatal services if violence occurs, based on König et al., 2023.

Specific guideline on how to act in course of disclosure by victims

- **Listen Non-Judgmentally:** When a client discloses violence, start by offering a listening ear. Create a safe space for them to express their feelings and experiences without judgment or pressure.

- **Express Empathy:** Show empathy and understanding for what your client is going through. Reassure them that their well-being is your primary concern.

- **Safety First:** Ensure the safety of the client and any children involved. If immediate danger is present, encourage them to contact local law enforcement or a domestic violence hotline.

- **Respect Autonomy:** Respect the client's choices and decisions regarding their situation. Do not pressure them into taking any specific actions.

- **Offer Support:** While you may not be a counsellor or therapist, you can provide emotional support. Let your client know that they are not alone and that there are professionals who can help.

- **Endure the narrative:** When a person opens up to you, it is important to remain calm and endure the emotions associated with the revelation (e.g. anger, sadness).

- **Name violence as such:** If victims of violence tend to relativize violence, it is important to clearly name violence as such. Tell the client briefly that you consider it to be violence and also signal that there are ways out of violence.

- **Educate About Resources:** Inform the client about available resources, including shelters, crisis helplines, and legal aid services. Ensure they have access to contact information for these resources.

- **Maintain Confidentiality:** Ensure that all information shared by the client is kept confidential unless there is a risk of harm to themselves or others.

- **Document the Disclosure:** Make a confidential record of the disclosure, including the date, time, and details provided by the client. This documentation can be important for legal or therapeutic purposes.

- **Contact victim protection institutions personally**: You should also contact victim support services in person, share your observations and ask the experts about their experiences in similar situations. They are confronted with such situations much more often in their daily work and can therefore better classify what you have observed or what has been described to you by the victim.

- **Plan the next steps together with the victim protection institution:** Together with a victim protection organisation, consider how to proceed. Go through the different scenarios and decide together what the best course of action is in terms of protecting the victim.

- **Follow Up:** Check in with the client at a later time to see how they are doing and if they have accessed any of the referred services. Continue offering support and encouragement.

Specific guideline on how to act in course of disclosure by perpetrators

- **Take your own intuition seriously:** Take your own intuition seriously and encourage yourself to pay attention to possible situations of violence.

- **Clearly name violence as such:** Perpetrators tend to minimize or relativize the violence they have committed. Sometimes they will also try to find an ally in you. In such situations, it is important to clearly name violence as violence, but also to signal that there are ways out of one's own violent behaviour.

- **Maintain your own safety:** Protect your own safety. You cannot support anyone if you yourself don't feel safe. Think about how you can create a safe environment, perhaps an open door will be enough, but maybe a second person is needed, perhaps also an expert in working with perpetrators of violence.

- **Assess the risk of violence:** Usually risk assessment is a multiple sources process, in which the perception of different agencies are included, also you perspective as expert in perinatal or parent education.

- **Classify the situation:** Stepping into the perspective of a (potentially) involved and harmed person sometimes helps to recognise violence as such.

- **Address your observation:** If you have actually witnessed an act of violence or have been able to identify indications of it, describe what you have observed (e.g. bruises, the violent situation). Be as descriptive as possible and not interpretative.

- **Offer a space to talk:** Those affected often lack the people and opportunities to talk about their violent behaviour. Ask them how they are coping with their new family role or how they are dealing with the challenges of parenthood. This can open up a space to talk.

- **Look at the human being:** Being confronted with a violent person may lead to a dilemma. On the one hand, it is clear that we reject and condemn violence. On the other hand, the perpetrator my face a problematic life situation. We may show that we feel empathy for this situation, but not empathy for the violence. So we can both condemn the violent behaviour of the perpetrator and feel compassion for his life situation.

- **Say thank you for the trust the perpetrator has placed in you:** If a perpetrator of violence trusts you, recognize the trust that the perpetrator has placed in you. Be careful not to justify the act of violence itself, but focus on the trust placed in you. For the perpetrator, the act of violence can be associated with a great deal of shame and the disclosure with a great deal of overcoming. Acknowledging this overcoming can be an important step in supporting the perpetrator and thus the victim.

- **Inform about offers of help:** Inform the perpetrator about the facilities you have already researched in the preparation phase that work with perpetrators. Provide contact information for a specific contact person at the particular facility. If there is nothing suitable for the perpetrator among the facilities you have researched in advance, offer to research a suitable facility for him and pass it on to him reliably.

- **Offer support:** If there is nothing suitable for the perpetrator among the facilities you have researched in advance, offer to research a suitable facility for him and pass it on to him reliably. The perpetrator of violence often lacks the strength to take the next step alone; it is all too easy to pretend that nothing has happened. Active support in the transition to support services for perpetrators is often necessary to prevent further violence. This often takes several attempts.

- **Create a protocol of what you have observed and experienced:** After the incident or conversation with the perpetrator, create a protocol with the date, time, who was involved and what happened. It can quickly happen that we suppress or forget some aspects.

- **Contact people in your institution:** Find someone in your immediate working environment with whom you can reflect about what has happened ('collegial advice'). Also involve your supervisor. It is part of a supervisor's responsibility to support the team in difficult situations. At this point, the supervisor should take action and initiate the next steps.

- **Contact experts who work with perpetrators of violence:** It is important to contact institutions with expertise on violence immediately, share your observations and ask experts who work with perpetrators of violence for their advice. Together with experts in working with perpetrators of violence, consider how best to proceed. Run through the various scenarios and decide together what the best course of action is.

- **Stay in contact with experts who work with violent perpetrators:** As your work with the client progresses, stay in contact with your contact person from the work with perpetrators of violence. After each intermediate step, consider together how best to proceed in order to ensure the protection of victims of violence.

5. Monitoring & Modifications

Monitoring

A process monitoring model is presented below. The person responsible for monitoring the different stages of the process will be the one agreed by consensus by the different working teams, made up of professionals from all the devices that form part of it. In case of doubt, and in general, the ultimate responsibility for monitoring the process will lie with the public entity.

Define Monitoring Objectives

- Promote the prevention of the development of GBV behaviours in (becoming) fathers. Specify key behavioural changes expected, such as increased awareness and active efforts to prevent gender violence within the target group.
- Detect situations of high-risk gender violence and expedite referral to specialized services. Clearly outline the criteria for identifying high-risk situations and emphasize the urgency of timely referrals to ensure effective intervention.

Identify Performance Indicators

- Number of male participants in the services. Track participant recruitment efforts, adjusting strategies if enrolment goals are not met.
- Frequency of Fathers Groups sessions. Assess the consistency and quality of educational sessions, ensuring they align with program objectives.
- Number of detected GBV cases. Establish a robust system for case identification, reporting, and tracking, ensuring comprehensive coverage.
- Average time for referral to specialized services. Monitor the efficiency of the referral process, aiming for swift access to specialized support for individuals in need.

Establish Monitoring Frequency

- Review participation in Fathers Groups monthly. Regular monthly reviews enable timely identification of trends, facilitating prompt adjustments to the program.
- Conduct quarterly assessments to detect GBV cases. Quarterly assessments provide a comprehensive overview, allowing for in-depth analysis and strategic planning.
- Continuously monitor the time for referral and response to critical cases. Real-time monitoring of referral times ensures swift intervention in critical cases, enhancing the program's impact.

Designate Responsibilities

- Program Coordinator: Data collection and analysis. The coordinator oversees data collection processes, ensuring accuracy and completeness in the monitoring effort.
- Healthcare and education professionals: Identification and referral of cases. Professionals play a crucial role in identifying potential cases and facilitating timely referrals, emphasizing collaboration across sectors.

Select Monitoring Tools

- Participant satisfaction and engagement surveys. Surveys gauge participant satisfaction, providing valuable insights for refining program components.
- Records of educational sessions. Detailed records ensure accountability and serve as references for continuous improvement.
- Forms for detecting high-risk situations. Implement structured forms for consistent and thorough assessment of potential high-risk situations.

Implement Feedback System

- Periodic sessions to review cases and lessons learned. Regular feedback sessions create a continuous learning environment, fostering improvements based on shared experiences.
- Mechanisms for providing immediate feedback to involved professionals. Establish efficient communication channels for prompt feedback, enabling swift adjustments in response to emerging issues.

Document Results

- Maintain a record of participation and attendance. Accurate attendance records serve as a basis for evaluating program reach and engagement.
- Document detected gender based violence cases and referral times. Thorough documentation of cases and referral times facilitates comprehensive analysis and the identification of areas for improvement.

Analyse and Evaluate

- Evaluate the impact of Fathers Groups sessions on participants' perception. Assess changes in participants' attitudes and behaviours, ensuring the program effectively influences perceptions.
- Analyse the effectiveness of early detection and timely referral. Analyse the effectiveness of early detection and timely referral.

Communicate Results

- Monthly communication of participation statistics and detected cases. Monthly updates maintain transparency and keep stakeholders informed of program progress.
- Maintain open communication with specialized services to enhance collaboration. Foster strong collaborative relationships with specialized services, ensuring a seamless referral and intervention process.

Update Monitoring Process

- Adjust the program based on lessons learned. Regularly review feedback and assessment results, making proactive adjustments to the program for continuous improvement.
- Incorporate new preventive approaches as needed. Stay responsive to emerging trends and issues, integrating innovative preventive measures to address evolving needs effectively.

Continuous exchange of necessary information between agencies

In the monitoring process, ensuring effective communication and information exchange among stakeholders is vital for the program's success. By implementing these strategies, a robust framework can be established for information exchange among stakeholders. Here's a detailed explanation of how this can be achieved:

1. **Establish Clear Communication Channels:** Implement dedicated communication channels, such as regular meetings, emails, and a secure online platform, to facilitate seamless information exchange among stakeholders. Clearly define the purpose and frequency of communication to ensure everyone stays informed.

2. **Define Roles and Responsibilities:** Clearly outline the roles and responsibilities of each stakeholder in the communication process. Designate a point of contact for each sector, such as healthcare, education, and social services, to streamline information flow and avoid confusion.

3. **Regular Coordination Meetings:** Conduct regular coordination meetings involving all stakeholders, including the program coordinator, healthcare professionals, and educators. These meetings provide a platform for sharing updates, discussing challenges, and collaboratively problem-solving.

4. **Utilize a Centralized Information Hub:** Implement a centralized information hub or database where stakeholders can access relevant documents, reports, and updates. This ensures that all stakeholders have a common repository for information, fostering transparency and efficiency.

5. **Feedback Mechanisms:** Establish feedback mechanisms to encourage stakeholders to share insights, concerns, and suggestions. This can include regular feedback sessions, surveys, or suggestion boxes, fostering a culture of open communication and continuous improvement.

6. **Timely Reporting Protocols:** Define clear protocols for reporting important information promptly. For instance, healthcare professionals should report detected gender violence cases to the program coordinator swiftly, triggering immediate action and intervention.

7. **Cross-Sector Training Sessions:** Organize cross-sector training sessions to enhance understanding among stakeholders about each other's roles and contributions. This not only promotes collaboration but also ensures a holistic approach to gender based violence prevention.

8. **Standardized Reporting Formats:** Implement standardized reporting formats to ensure consistency in the information shared. This facilitates easier understanding and analysis of data, streamlining the monitoring and evaluation process.

9. **Interagency Collaboration Agreements:** Formalize collaboration agreements between different sectors involved in the program. Clearly outline the expectations, responsibilities, and protocols for information exchange to create a structured and efficient collaboration framework.

10. **Technology Integration:** Leverage technology to enhance communication. Implement secure communication platforms, automate reporting processes, and use data visualization tools to make information easily understandable for all stakeholders.

11. **Crisis Communication Plan:** Develop a crisis communication plan to address any urgent issues that may arise. Clearly define communication channels and escalation procedures to ensure swift and effective response in critical situations.

12. **Regular Program Updates:** Provide regular updates on program progress, milestones, and challenges. This can be done through newsletters, presentations, or periodic reports, keeping all stakeholders informed and engaged in the program's journey.

Analysis of the procedure

Understanding its impact and finding areas for improvement are necessary things to do when you analyse the model. At the same time, to ensure that it continues to be effective there has to be ongoing analysis. Such an examination traverses all the various elements, results, and processes of the program. Here's an exploration which describes specifically how analysis can be applied to the model.

1. **Participant Engagement Analysis:** Assess the level of participant engagement by reviewing attendance records, participation rates in educational sessions, and feedback from participant satisfaction surveys. Identify patterns and trends to understand the program's reach and effectiveness in engaging the target audience.

2. **Effectiveness of Fathers Groups:** Evaluate the impact of Fathers Groups on participants' perceptions and attitudes towards gender violence prevention. Use pre-and post-session assessments to measure changes in knowledge, awareness, and behavioural intentions of the participants.

3. **Efficiency analyses of GBV Detection and Referral Process:** To ascertain the GBV detection and referral process. Analyse both count of cases detected, average time for referral to specialized services, successful interventions under the current mode.

4. **Monitoring Data Analysis:** Utilize data collected during the monitoring process, such as the number of male participants, frequency of sessions, and detected cases. Conduct trend analyses over time to identify patterns, correlations, and potential areas for improvement.

5. **Cross-Sector Collaboration Evaluation:** Evaluate the collaboration among different sectors involved in the program, including healthcare, education, and social services. Assess the effectiveness of communication channels, coordination mechanisms, and the extent to which each sector contributes to the program's goals.

6. **Feedback and Lessons Learned Review:** Survey participants, stakeholders, and other working professionals. Take a look at the lessons learned from a series of review sessions and response mechanisms methodically. Find out what methods have been successful, and also where we must adjust if continuous improvement is to be achieved.

7. **Comparative Analysis with other Programs:** Compare program outcomes and key performance indicators with established programs. This provides context for understanding the program's effectiveness in comparison to broader expectations.

8.   **Alignment with Program Objectives:** Verify the alignment of program outcomes with the initially defined objectives. Assess whether the program is meeting its intended goals and contributing to the overall prevention of gender violence in fathers with young children.

9.   **Adaptability and Scalability Assessment:** Evaluate the adaptability of the program to changing circumstances and emerging needs. Consider whether the program can be scaled up or replicated in different contexts while maintaining its effectiveness.

Modifications

In the first instance, the responsibility for making changes to the procedure rests with the person, or team, decided by the consortium. To this end, it would be appropriate to set up a team with members from the different services to oversee the development of the procedure. In case of doubt, this responsibility should be taken by the public body that has the most influence on the development of the procedure.

1.   **Initial Evaluation:** Analyse the current program procedure in detail. Identify areas that need improvement, considering effectiveness, efficiency, and feedback from participants and involved professionals.

2.   **Establish Objectives:** Clearly define specific objectives you aim to achieve with the modifications. These may include improving parent participation, strengthening case detection, or adapting the program to changes in the environment.

3.   **Stakeholder Consultation:** Involve all key stakeholders, such as healthcare professionals, perinatal professionals, educators, and program participants. Gather opinions on areas that could benefit from modifications and consider diverse perspectives.

4.   **Impact Analysis:** Evaluate how the modifications will impact the program in terms of participation, effectiveness, and efficiency. Anticipate potential challenges and benefits to prepare adequately.

5.   **Design Modifications**: Create a detailed plan describing specifically how you will implement the modifications. This could include adjustments to the program structure, updating of the materials, or changes in detection processes.

6.   **Transparent Communication:** Inform all stakeholders about the planned modifications. Explain the reasons behind the changes, the anticipated benefits, and how potential concerns will be addressed.

7.   **Gradual Implementation**: Introduce modifications gradually and in a controlled manner. This may include small-scale pilot testing to assess effectiveness before full implementation. Avoid abrupt changes that could lead to confusion.

8.   **Continuous Monitoring:** Establish a system for continuous monitoring to evaluate the effectiveness of the modifications. Use key performance indicators and regularly seek feedback from participants and professionals. Adjust the approach based on results to ensure the long-term success of the modified procedure.

Conclusion

The European project *Fathers Rock - Fathers' engagement in the Role of Care Keeping mothers and children safe* aims to prevent gender-based violence by working with men who are, become or want to become fathers and by working with experts in parental education and other perinatal services, around the birth of a child. For this purpose, in addition to other materials developed in the course of Fathers Rock, this Multi-Agency Model was designed to facilitate the networking of various relevant stakeholders (primary stakeholders: parental education & other perinatal services, victim protection services and services working with perpetrators; secondary stakeholders: police, child and youth welfare, family council, etc.) in order to counteract GBV as efficiently as possible.

To this end , the first chapter provided both knowledge about gender-based and intimate partner violence as well as knowledge about violence in the context of pregnancy and childbirth. Different forms of violence as well as different dynamics of violence in intimate relations were examined in more detail. This should help professionals develop a common understanding of the relevance of violence. A common understanding is the central basis for being able to deal with violence in a professional setting. In addition, the second chapter outlined recommendations for preparing for violence in one's own field of work. The acquisition of knowledge as well as the reflection of one's own experiences of violence and the research and establishment of contact with victim protection institutions as well as with institutions working with perpetrators in the region are crucial when professionals are confronted with situations of violence or with indications of violence. In the third chapter, the Father Rock Multi-Agency Model was explicitly introduced, describing the role of primary actors in parent education and other perinatal services, as well as the role of victim support services and services working with perpetrators, and the role of the police, child and youth services or family councils. By using two examples, it was explained how the different actors are connected to each other and why the multi-agency approach is necessary. Responsibilities of and guidelines for perinatal services in chapter four addressed primary responsibilities as well as limits of responsibilities in cases of violence. The guidelines also show what needs to be considered and taken into account in the course of disclosure. What needs to be considered when monitoring a Multi-Agency-Model, why is continuous exchange information between agencies is necessary and how can the whole procedure be analysed? These are questions addressed in the fifth chapter of this manual.

We hope this guide has provided you with new insights and an incentive to establish a Multi-Agency Model in your area.

Intimate partner violence often receives little attention in perinatal services and parent education. That's why we have made it our mission in the European project "Fathers Rock" to draw attention to this topic. Pregnancy and childbirth are associated with an increased risk for men to use violence against their partners. At the same time, we know that involving fathers from the very beginning can have a positive impact on the well-being of everyone involved.

With the help of this Father Rock Multi-Agency Model the competencies of professionals in childbirth and parenthood are to be strengthened so that risks of violence can be identified at an early stage and violence in the partnership can be combated. It is the safety of women and children and the well-being of all family members that should be in the focus.

Bibliography

Chan, K. L., Emery, C. R., Fulu, E., Tolman, R. M., & P. Ip (2017). Association among father involvement, partner violence, and paternal health: UN multi-country cross-sectional study on men and violence. American Journal of Preventive Medicine, 52(5), 671-679.

Donovan B., Spracklen C., Schweizer M., Ryckman K., & A. Saftlas (2016). Intimate partner violence during pregnancy and the risk for adverse infant outcomes: a systematic review and meta-analysis. BJOG, 123,1289–1299.

Hellmuth, J.C., Gordon, K.C., Stuart, G.L., & T.M. Moore (2013). Risk factors for intimate partner violence during pregnancy and postpartum. Archives of women's mental health, 16(1), 19–27. https://doi.org/10.1007/s00737-012-0309-8

Hester, M. (2006). 'Asking about domestic violence – implications for practice', in C. Humphreys, & N. Stanley (Eds) Domestic Violence and Child Protection – directions for good practice, London: Jessica Kingsley.

James, L., Brody, D., & Z. Hamilton (2013). Risk factors for domestic violence during pregnancy: a meta-analytic review. Violence and Victims, 28(3), 359-380.

Johnson, M.P., Leone, J.M. & Y. Xu (2014). Intimate Terrorism and Situational Couple Violence in General Surveys: Ex-Spouses Required, Violence Against Women, 20(2) 186–207.

Johnson, M.P. (2007). Domestic violence: The intersection of gender and control. In L. L. O' Toole, J. R. Schiffman, & M. K. Edwards (Eds.), Gender violence: Interdisciplinary perspectives (2nd ed., pp. 257-268). New York: New York University Press.

König, G., Neudecker, B., Wölfl, H., & M. Wolf (2023). (K)ein sicherer Ort – Kindeswohlgefährdung erkennen und helfen. Ein Leitfaden. Wien: Bundeskanzleramt Sektion VI.

Parys, A.S., Verhamme, A., Temmerman, M., & H. Verstraelen (2014). Intimate Partner Violence and Pregnancy: A Systematic Review of Interventions. PLOS ONE, 9(1), e85084. https://doi.org/10.1371/journal.pone.0085084

Radford, L. & M. Hester (2006). Mothering Through Domestic Violence, London: Jessica Kingsley.

Rieske, T., Scambor, E., Wittenzellner, U., Könnecke, B., & R. Puchert (2018) Aufdeckungsprozesse männlicher Betroffener von sexualisierter Gewalt in Kindheit und Jugend. Sexuelle Gewalt und Pädagogik, vol 4. Springer VS, Wiesbaden. http://www.springer.com/de/book/9783658158026?wt_mc=ThirdParty.SpringerLink.3.EPR653.About_eBook

Scambor, C., & E. Scambor (2017). Gender Based Violence and the Role of Men (Nasilje na podlagi spola in vloga moških). In: Časopis za kritiko znanosti, Let. XLV, 2017, Številka 267. P.115-127.

Stanley, N. (2011). Children Experiencing Domestic Violence: A Research Review, Dartington: Research in Practice.

Truong, M., Yeganeh, L., Cartwright, A., Ward, E., Ibrahim, J., Cuschieri, D., Dawson, M., & L. Bugeja (2023). Domestic/Family Homicide: A Systematic Review of Empirical Evidence. Trauma, Violence, & Abuse, 24(3), 1908-1928. https://doi.org/10.1177/15248380221082084