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FATHERING IN THE CONTEXT OF FAMILY VIOLENCE

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Challenges, interventions and collaboration towards child protection

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CONTENTS

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Growing up with intimate partner violence (IPV) typically exposes children to three detrimental conditions at the same time. First, they are often physically and emotionally abused (Hamby, Finkelhor, Turner, & Ormrod, 2010). Second, they experience that one important caregiver threatens and hurts the other. Third, they experience emotional neglect as both parental figures become unavailable and often less responsive in the aftermath of violent episodes (Humphries et al., 2018; Levendovsky et al., 2018). In addition, they may experience both their caregivers as protective, but also as failing to protect. This may lay the ground for a generalized insecurity in the child's relationship to others later in life.

Minimizing contact with violent fathers may be the only viable choice in cases of chronic and serious abuse. However, many men are also important attachment figures for their children, and lasting separation from these fathers after violent episodes may result in a twofold trauma for the child: First, the violence, then the separation. Therefore, it is important to offer therapeutic interventions to men who want to end their use of violence, and who are fathers. There are interventions that focus on the father-child relationship after violence, which have shown promising results.

The aim of this paper is twofold. First, I want to present common challenges in the parenting and co-parenting of men who are violent toward intimate partners. I will discuss these challenges from different theoretical perspectives and conclude with implications for therapeutic practice. Second, I will present different ways of how to make fathering and co-parenting a theme in interventions with violent men. Here, I will offer suggestions that can be applied in different contexts. As perpetrator programs across Europe are differently funded, agencies will have different possibilities to engage with the fathering of men who use family violence. Therefore, I will provide examples of how agencies can intervene with limited resources and describe intervention programs that demand more resources and offer intersectional co-operation, multi-therapist involvement, and long-term follow-up. The main goal is to encourage agencies to make fathering a theme in their work with men who are violent toward partner and children.

I. Theoretical perspectives on fathering in the context of family violence

In this section, I will outline different theories on the etiology of IPV, family violence, and of problematic fathering. Trying to understand men's use of violence should not reduce holding perpetrators of IPV accountable for their actions. Since this paper is on both IPV, family violence, parenting, and intergenerational processes, I will present relevant theories on these themes.

a. Attachment perspective

Insecure representations of attachment relationships have been associated both with perpetration of intimate partner violence (Fonagy, 1999; Gormley, 2005) and with harsh, insensitive, and role-reversed fathering in non-clinical samples (Madigan, Benoit & Boucher, 2011). The rationale is that early experiences with dependency, protection and care are internalized as working models for intimate relationships. Early experiences with abuse, rejection or neglect may predispose those who live through them to develop poor regulatory mechanisms (Golding& Fitzgerald, 2019; Schore, 2017) and hostile biases in social-information processing (Murphy, 2013). There is strong evidence for the association between adverse childhood experiences and heightened risk for a range of detrimental behaviors in adulthood, such as perpetration of IPV, alcohol and substance use, and mental health problems (Anda et al., 2005).

b. Social learning perspective

Social learning theory states that aggression is transmitted from family-of-origin via differential reinforcement, imitation, and perceived rewards for being aggressive rather than non-aggressive (Sellers, Cochrane, & Branch, 2005). According to this theory, children learn to use aggressive patterns of interaction and conflict resolution through observation, particularly observation of significant others. There is evidence for the association between growing up with harsh parenting, perpetration of IPV, and holding attitudes that support male dominance in the family (Heward-Belle, 2014; Mohaupt, Duckert, & Askeland, 2020a).

c. Gender perspective

Sociological perspectives stress that fathering does not appear in a vacuum, but relates to socially defined givens, such as gender differences in who takes on paid and unpaid work, engages in childcare, and takes responsibility for children's emotional development and social integration (Doucet, 2013). It has been pointed out that social factors such as class, race, health status, economic status and acceptance of hegemonic masculinity norms combine to form partner-violent men's identity as fathers (Heward-Belle, 2014). Adherence to hegemonic masculinity ideals has been related to severe partner violence and insensitive fathering (Heward-Belle, 2014). Hegemonic

masculinity ideals have traditionally included dominance, goal-directedness, physical strength, and power. Gender-based power dynamics are assumed to be socially constructed and re-constructed (Hearn, 1996; McCarry, 2007). These dynamics are also assumed to affect the fathering of violent men (Freeman, 2008; Josephs, 2007).

d. Family Systems perspective

There has been increased focus on partner-violent men's co-parenting abilities and strategies as factors that influence their relationship to their children. The quality of co-parenting has been highlighted as a main area for clinical intervention for fathers in treatment for IPV (Scott, Thompson-Walsh, & Nsiri, 2018). It has consistently been found that men's parenting compared to women's is more affected by the quality of the interparental relationship in non-clinical and non-violent samples (Cummings & Davies, 2010; Sturge-Apple, Davies, & Cummings, 2006; Teuber & Pinquart, 2010).

When using family-systems theory to understand the dynamics of IPV in families, it is important to make a clear distinction between IPV and couple conflict. Couple conflict implies symmetry between the involved individuals, IPV implies asymmetry. It has been pointed out that there is a grey area between what has been termed "high-conflict" couples and couples where psychological violence and other forms of partner violence are employed (Scott et al., 2018). Co-parenting is an important area for intervention also in separated couples, as partner-violent men who live separated from their children's mother tend to use undermining co-parenting practices (Thompson-Walsh, Scott, Dyson, & Lishack, 2018).

e. Interactionist perspective

Commonly, a clinical encounter with a man who has been violent towards his partner and children can be understood from all the mentioned perspectives, as phenomena related to these perspectives co-occur and are interrelated. An interactionist perspective integrates the individual's personal characteristics with the social and cultural ecology to highlight how distal and proximal factors interact toward a specific outcome, like a violent episode.

A typical case involving a partner-violent man who also is a father may thus be described as follows: The man has more than one child and some form of regular contact with the child. There is high conflict and risk for new violence toward the child's mother, often related to visitation arrangements or child-rearing practices. The man often has a history of growing up with emotional neglect, emotional abuse, or physical abuse. These childhood experiences were often tied to interparental violence or parental alcohol- or substance use problems, but also to the public sphere, like bullying experiences at school. His adverse childhood experiences cause him considerable psychological distress, but he rarely has talked about this to others. He has a limited close social

network and feels insecure in the parenting role. Often, he does not experience his (ex-)partner to be a good parent and is overtly critical toward her parenting. He also often experiences her as controlling and as a threat to the father-child relationship. He may experience emotional closeness between mother and child as rejection and exclusion and may actively try to curtail such contact. Also, he claims a dominant position in the family and often acts rigidly toward his children. He often uses harsh and insensitive parenting strategies that he was exposed to as a child. He understands this way of parenting to be supported by cultural expectations toward men and fathers.

We will now turn some common risk factors for children's safe development that are tied to the fathering of men who have violence problems. It is important to note that these problems often are present even after men have ended using IPV or family violence.

II. Detrimental behavioral patterns and structural risk factors

In this part, I will give a short overview over the most typical and demanding challenges regarding the fathering of men who use IPV. These are the men's problems with perception and regulation of emotions, their harsh and insensitive parenting practices, their undermining style of co-parenting, alcohol and substance use patterns, and their tendency to disregard or underestimate the negative impact of IPV on the child.

a. Problems with perception and regulation of emotions

Men who have used IPV often have problems with making meaning of their own and their children's emotions (Mohaupt et al., 2020a; Stover & Kiselica, 2014; Stover & Spink, 2012). They may misperceive children's facial expressions, typically with a negative bias (Francis & Wolfe, 2007). Especially children's expression of anger, fear and sadness tend to be experienced as overwhelming and difficult to adequately relate to (Maliken & Katz, 2013; Mohaupt et al., 2020a; Stover & Spink, 2012). Typically, men tend to react with wanting to shut down the perceived "negative" emotion in the child rather than to engage with it, regulate it and help the child to understand it. This is a major developmental risk, especially for young children. Consistent failure to acknowledge and safely respond to children's emotions can be termed emotional neglect. This impacts on children's emotional and social development, sense of self, and consequently their mental health.

b. Aggressive and insensitive parenting

Connected to emotional neglect is the issue of aggressive and insensitive parenting in men who have violence problems. Men who have used IPV tend to use physical punishment of children more often than men who are not abusive toward their partner. They also tend to use more concrete parenting strategies, such as punishment and reward, and less abstract strategies, such as reflecting

around emotions and mental states (Fox & Benson, 2005). They often have a focus on controlling the child's behavior rather than exploring the child's intention or experience underlying behavior (Mohaupt et al., 2020a; Stover & Kiselica, 2014). Often, men who use IPV may generally reject the idea that physical punishment of children is positive. However, they will justify their use of physical punishment by pointing out how the child was exceptionally difficult or provoking (Veteläinen, Grönholm, & Holma, 2013). They may also compare their own childhood experiences of having been physically abused to their own harsh parenting practices and find that their behavior does not "qualify" for being abusive. This seems to be particularly true for men who have been exposed to severe physical child abuse (Mohaupt, Askeland, & Duckert, 2020b). Further, many men who use family violence may not consider forms of psychological violence like yelling, name-calling, threats of punishment or abandonment, or stonewalling to be forms of abuse.

c. Undermining of the child's mother as parent

The use of violence against the child's mother undermines the function of the mother as a caregiver and attachment figure for the child (Levendovsky et al., 2018). Men who use IPV often actively undermine their (ex-) partner as parent, even in the absence of other forms of e.g., physical violence (Scott et al., 2018). This involves the devaluation of the mother's opinions and rules regarding childcare, the disregard for her values and goals as a parent, the creation of alliances with children against the mother, and the active involvement of the children in interparental fights or conflicts (Teuber & Pinquart, 2010). In many families, the undermining co-parenting style of men who use IPV is an integral aspect of the everyday-life use of violence. Undermining co-parenting per se is detrimental for children's social and emotional development (Edwards & Cummings, 2010), as children lose a sense of their parents as a safe unit, and because it forces the child into conflicts of loyalty. It is important to note that undermining co-parenting also continues after separation (Thompson-Walsh et al., 2016) and in the context of custody disputes.

d. Alcohol and Substance use problems

Many men in treatment for intimate partner violence qualify for an alcohol- or substance use related diagnosis (Askeland & Heir, 2014) or have elevated, although subclinical levels of alcohol use (Mohaupt & Duckert, 2016). It has been pointed out that alcohol and substance use problems may contribute to IPV, be a consequence of perpetrating IPV, or that certain personality traits may be associated both with use of IPV and problematic alcohol – and substance use (Stover, Urdahl, & Easton, 2012; Wekerle & Wall, 2002).

Men's problematic use of alcohol correlates with harsher and insensitive fathering (Eiden, Chavez, & Leonard, 1999; Eiden & Leonard, 2000; Eiden, Hoyle, Leonard, & Chavez, 2004). It also

relates to trait-hostility in fathers (Stover & Kiselica, 2014). High levels of trait-hostility are common in men who use violence against their partner (Birkley & Eckhardt, 2013). Spousal conflict has been found to mediate the association between paternal alcohol / substance abuse, and child maladjustment (Finger et al., 2010). In partner-violent fathers with substance-abuse problems, the capacity to infer meaning from the child's behavior and feelings seems to be negatively correlated with the severity of substance abuse (Stover & Kiselica, 2014).

e. Problems with taking the child's perspective

Several studies have demonstrated that men who use IPV struggle with understanding the negative consequences of their use of violence for the child (Bourassa, Letourneau, Holden & Turcotte, 2016; Perel & Peled, 2008). Often, they show limited concern about the effects of their use of violence against their partner on their children (Rothman, Mandel, & Silverman 2007; Salisbury, Henning, & Holdford, 2009). In clinical samples (Mohaupt et al., 2020b; Rothman et al., 2007; Veteläinen et al., 2013), as compared to non-clinical samples (Salisbury et al., 2009) fathers have been more willing to acknowledge the negative impact of IPV on their children. However, even in therapy they often shift between acknowledging the negative effects of their use of violence on the child, and rejecting it (Mohaupt et al., 2020b).

III. Implications for interventions

Here, I will describe how theory and research may inform clinical interventions with men who use IPV and are fathers. This part is about themes that, in my opinion, should be covered in any intervention with the aim of ending the use of violence in the family, and to create safe relationships between fathers and their children. Note that ending violent behavior often is not sufficient if the aim is to establish safe and sensitive fathering. Rather, ending violent behavior is a prerequisite for the demanding work of helping the father in treatment for IPV to develop basic caregiving competence.

a. Safety

Safety work is at the heart of any work with perpetrators of IPV. However, it is particularly important when children are involved, and when parenting is a main theme for intervention. Working with the father when he has a violence problem and has contact with children should ideally not be done independently of contact with the child's mother or other caregivers. After all, it is the mother who may be the only person who reliably can evaluate whether the father's therapy leads to more sensitive and safe parenting and respectful co-parenting. Children may often attune to the father who has been unsafe for them in the past. Therefore, the father may experience the child as

content, not scared, and even supportive of his needs and position. Typically, the child reacts emotionally in the absence of the father, for example at school, after visitation, or when alone with the mother. Information on children's reactions after father-child contact while their father is in treatment is vital. Also, the dynamic of the therapy may contribute to the therapist running the risk of disregarding warning signs, overestimating the client's potential for change or their own therapeutic abilities, thereby prolonging a potentially dangerous and damaging situation for the child and their mother (Josephs, 2007). Consequentially, therapy should also have a clear framework regarding when other agencies, such as child protective services, or the police, be involved.

b. Accountability

The degree to which men take responsibility for their use of IPV and its impact on the child is connected to safety (Scott et al., 2018). One should be cautious giving men who do not acknowledge their use of violence the opportunity to work on their fathering. Perpetrators of IPV may sign up for therapy for various reasons that might bring them gain, such as a stronger position in a custody case or less involvement with child protective services. The genuine wish to end violent behaviors and to become a more sensitive and safer father are not always present or are not the man's main priority. Where motivation for engaging in therapy is unclear, it needs to be elaborated and clarified (Lømo, Haavind & Tjersland, 2018). Ideally, a fathering-focused intervention with men who use IPV should be rooted in collaboration with a stable third party, for example child protective services, the family's GP or some other professional that is trusted by the involved parties, and who can routinely evaluate the effects of the intervention on the family (Sammut Scerri, Vetere, Abela, & Cooper, 2017). The need for such interventions should be clearly stated and be connected to the man's use of violence and the affected family members' need for safety and support.

c. Intergenerational trauma

Trauma, violence, abuse, and related problems such as alcohol abuse tend to run in families across generations. Therefore, an individual's parenting may be affected by his or her family history regarding traumatic events or relational problems. There may also be a genetic component to susceptibility for environmental impact, such as relational stress early in life, which seems to affect quality of affect regulation and caregiving later in life (Belsky &Beaver, 2011; Beaver & Belsky, 2011). Further, cultural trauma such as war, forced displacement or separation, or experiences of state oppression or structural racism may affect the degree to which a family develop or inhibit norms for expressing and tolerating emotions, needs, and thoughts. These norms can be upheld across generations (Lieberman & Van Horn, 2011). It is therefore important for the therapist to get an overview over important events in the father's life, including his childhood, but also how these events may be rooted in the larger family and cultural-historical context (Cowan & Cowan, 2019).

Parenting often needs to be understood against the backdrop of own childhood experiences of having been parented (Mohaupt et al., 2020b). These childhood experiences, in turn, become more meaningful if contextualized with the previous two generations' life conditions (Cowan & Cowan, 2019).

d. The transition to fatherhood

Becoming a mother has culturally and scientifically received more focus and interest than becoming a father. This is understandable, as pregnancy, childbirth and the early years of a child's life are biologically tied to the mother more than the father. However, men also seem to undergo considerable psychological and biological change during the transition to parenthood. Depression, for example, is twice as high in expecting first-time fathers compared to childless men of the same age in the general population (Burgess, 2011). Men are more vulnerable for developing depression during the transition to parenthood the less they are relationally involved with the child's mother, if the child has not been planned, and if the mother develops post-partum depression (Burgess, 2011). Further, pregnancy and the perinatal period associate with increased risk for mild to moderate IPV from both men and women (Trillingsgaard, Fentz, Simonsen, & Heyman, 2019), which again can lead to more serious and lasting patterns of IPV (Finnbogadottir, Dykes, & Wann-Hanson, 2016). Men who grew up with interparental violence or child abuse may be particularly vulnerable for developing mental health problems and for using forms of IPV during the transition to parenthood (Mohaupt et al., 2020b). The child's vulnerability, but also being a father and experiencing the female partner as a mother may function as trauma reminders that can trigger anxiety and aggression (Josephs, 2007).

e. The father-child relationship

The father-child relationship is a vital aspect of interventions aiming at establishing safe fathering in the context of family violence. Ideally, descriptions of this relationship should be gathered from as many qualified observers as possible. The father's experience of the father-child relationship is important to understand, but equally important are the child's mother's impression of this relationship, and other family member's perspectives and experiences. Kindergarten- or schoolteachers may also often have valuable information regarding the child's experience of the father. The child can be consulted if this is safe and if the risk for the child being questioned or punished for sharing her experience is deemed low.

The therapist wants to get as broad a picture as possible regarding the risks, downsides, problems, but also strengths of the father-child relationship. Often the child's experience of the father is contradictory and shifting. For example, a 10-year-old boy can express that he is afraid of his father because he saw how he hurt the child's mother – but he may equally miss him after visitation

has been stopped, be sad because he did not show up for his birthday and remember the fun times they had when they played together. These shifts may be accentuated by everyday life events like a fight between child and mother. The child's experience of the father may therefore be contradictory, which may also contribute to children feeling overwhelmed and confused. We underestimate and reduce children's experience if we relate most of their emotional problems to the fact that their father has been violent.

To assess the father's capacity to understand the emotional world of the child, interviews like the Parent Development Interview (PDI- R2; Slade, Aber, Berger, Bresgi, & Kaplan, 2003) or the Working Model of the Child Interview (WMCI; Zeanah& Benoit, 1995) may be used. Where safety permits, observation of father and child interaction in a playroom, at home or on a playground may reveal many of the interactional challenges men who use IPV often present, but which are difficult for the father to describe (often because he might not even be aware of them). This includes the use of gesture, body language, tone of voice, or eye contact, and how they affect the child. Such observations can often inform the therapist's judgement regarding safety and triggers for insecurity, both in the child and in the father, while the father may not notice such shifts.

As therapy evolves, it is important to raise awareness around how the father's presence may be a source of fear and insecurity for the child, and how this may relate to the child's experience of violence in the family. Focus should be on the necessity to change not just attitude, but style and behavior to provide an experience of safety and understanding for the child. In other words, it is necessary, but often not sufficient to help the man formulate that he knows that he has done something bad, scary, and hurtful to the child and her mother. Such an acknowledgement is the basis from which to work, but it is not sufficient. The goal for therapy should be to help the father change his being a father in everyday life. This includes how he acts toward the child's mother, how he treats himself, how he generally expresses his emotions, and how he allows the child to be a subject with own feelings, thoughts, and intentions – all with an awareness of how his choices and actions may affect the child.

Finally, it is important to help the man understand how his ideas regarding parenting, fathering, mothering and being a child are influenced by his personal childhood experience, and by the culture he lives in (Mohaupt et al., 2020b).

f. The co-parenting relationship

In family-systems theory, the co-parenting relationship is considered as a distinct system, and as something else than the adult's couple relationship (Teuber & Pinquart, 2010). It is important to note that co-parenting focus in the context of IPV sometimes can be interpreted as supporting a view

that holds both parents accountable for interparental conflict and negative outcome for the child. There is a rising problem of using these concepts to diffuse men's responsibility for violence toward partner or children by analyzing women's roles in the partner or co-parenting relationship, especially during custody disputes (Scott et al., 2018). Including a focus on how the violence affects co-parenting and mothering, and how women's and children's reactions to men's use of IPV can contribute to and reinforce patterns of IPV are not meant as a diffusion of responsibility, but as a description of how men's use of violence affects the family system (Denzin, 1984).

The quality of the co-parenting relationship affects children's psychological well-being directly and indirectly (Edwards & Cummings, 2010). There is evidence that conflict and negative affect stemming from the couple relationship "spill over" into the parent child relationship (Sturge-Apple et al., 2006). While this in general seems to be truer for men's parenting than women's (Edwards & Cummings, 2010), in the context of IPV the mother-child relationship is often negatively affected by the traumatizing effects of being exposed to IPV (Levendovsky et al., 2018). There have also been described and documented "crossover" effects, when problems in e.g., the father's relationship to his parents or at work cause problems in the mother-child relationship. In the context of IPV, the perpetrator's relational problems outside the closest family context may heighten vigilance and stress in the mother, and thus affect the mother-child relationship negatively. Men who use IPV often express how they feel excluded from the intimacy and closeness of the mother-child relationship (Mohaupt et al., 2020a), without taking their use of violence and dominance into account as a contributing factor for that alienation. In the context of IPV, there are many reasons that mothers intuitively want to protect their children, and therefore also guard and control the father's contact with the young child. However, as these processes seldom are reflected upon by the perpetrator, it is important to examine these family dynamics in therapy.

g. Multi-agency work

Working therapeutically with the father-child relationship in the context of IPV demands that service providers collaborate toward children's and mothers' safety. Working with families affected by IPV may often start out with several involved agencies that are not necessarily coordinated. In addition to a perpetrator program, there may be involvement from child protective services, and children's mental health services due to children's mental health symptoms associated with being exposed to interparental violence (but not always understood as such). In addition, the legal system may be involved regarding visitation or prosecution after IPV. It is not uncommon that parents who are separated after IPV are offered some form of shared psychoeducation regarding parenting or co-parenting. This means that parents often must relate to everything between 2 and up to 5 or more different services dealing with the consequences of IPV (Cowan & Cowan, 2019). As part of a

perpetrator program, therapists should aim to meet the other service providers together with the parents (separate or together depending on safety), and to agree on goals for the family with the children's safety at heart, an agenda for reaching these goals, and a coordinated timetable for implementation of services (Scott et al., 2018). Such intervention plans should state who is responsible for follow up, regular evaluations, and how to ensure exchange of information across service providers.

IV. Types of interventions

In this section, I will present different formats of interventions aiming at strengthening the father-child relationship in the context of IPV, and where available, refer to specific programs with an evidence base. This is not meant to be a comprehensive overview of the best-practice programs but a description of several interventions that illustrate the diversity of ports of entry toward addressing fathering in IPV treatment. For the interested reader, Labarre and colleagues (Labarre, Bourassa, Holden, Turcotte, & Letourneau, 2016) have described and analyzed 10 interventions dedicated to working with perpetrators of IPV and their fathering. Toone (Berry Street, 2018) has also published a detailed report on four interventions suitable for working with fathering in the context of IPV.

Interventions differ based on theoretical conceptualizations of IPV. They may also have different goals and scope based on the developers' aims. Roughly, IPV interventions can be divided into two main categories:

The first is mainly (psycho-) educational and based on an understanding of IPV as a socially constructed and reinforced phenomenon. Uncovering how the violent individual is affected by socially determined beliefs regarding masculinity, sexuality and fatherhood is assumed to help the person change toward non-violent modes of relating. This implies that interventions can be group based, and that the same themes are relevant for most men.

The second is mainly psychological-relational and based on an understanding that the individual's psychological make-up, including trauma exposure, attachment style and mental health issues are determining the use of IPV. Here, the individual's experience of his current relationship as formed by past relational experiences is central. This implies that individual interventions are most suitable, and that there is variance regarding why men use violence against women and children.

Regarding fathering, these issues are similar. Fathering can be understood as a socially determined construct tied to gender roles, expectations, and gender-based dynamics (Doucet, 2013; Lamb, 2013), but also as an attachment process that is influenced by relational dynamics (Steele & Steele, 2005).

None of these approaches is rejecting the validity of the other, but interventions typically tend to weigh one approach more than the other. Ideally, a service provider should have knowledge and methods covering different understandings and approaches of how to intervene in the context of IPV. In any case, it is important that before the father-child relationship can become the main theme in an intervention, there should be done some work to end violence and establish safety. Some programs integrate the father-child relationship from the start; others work with fathering as an individual module that can be added after completion of a perpetrator program.

a. Making fathering a theme

When making fathering a theme in interventions with men who are violent toward their female partner, it is important to do the groundwork of ending violent behavior and establishing safety first. In practice, this often means that the initial sessions are devoted to safety, identification, recognition, and regulation of violent behaviors, and understanding the impact of violent behaviors on others. However, already during these basic interventions, father-child relationship can be used as a lens in violence-prevention therapy. How may the child have experienced the father's use of violence? How may the child have attempted to make meaning of father hurting mother? How may the child try to appease and adapt to the father as a potential threat? How do the child's behaviors and emotions relate to the father's experience of loss of control and aggression?

There are several providers of therapeutic interventions for men who use IPV that offer a thematic focus on fathering and effects of violence on children as part of their curriculum (Labarre et al., 2016). These are often time-restricted and mainly psychoeducational or socio-educational classes. Commonly, they include one or several of the following themes: education on parenting, how parenting may be affected by adverse childhood experiences, how IPV may affect co-parenting negatively and how living with IPV is detrimental to children's development. While sharing such information with men who use IPV is necessary, it may not be sufficient. Men who use IPV often describe how they struggle with turning what they understand theoretically during therapy into practice in everyday-life situations involving their children (Mohaupt et al., 2020a).

Research suggests that many men who perpetrate IPV often have several challenges related to early life experiences of parental neglect, violence, mental health, or alcohol and substance use issues (Askeland & Heir, 2014; Mohaupt et al., 2020b). From this perspective, aggressive and non-sensitive fathering can be understood as stemming from the absence of models for stable, nurturing relationships (Mohaupt et al., 2020b). The combination of experiencing a social pressure to act the socially defined father role while lacking the lived experience of a safe child-adult relationship may contribute to the enactment of rigid, paternalistic father-stereotypes, like claiming that being the man in the family entitles the father to respect, regardless of his behavior (Josephs, 2007; Mohaupt

et al., 2020a). An experience of alienation from the emotional bond observed between mother and child may ensue (Freeman, 2008), and may heighten the risk for IPV and undermining co-parenting.

Therapy should ideally also involve some sessions on affect regulation (Pascual-Leone, Gilles, Singh, & Andreescu, 2013), trauma and trauma reminders (Taft, Schumm, Marshall, Panuzio, & Holtzworth-Munroe, 2008), and how perception of the child and co-parenting may be affected by early life experiences with having been parented (Mohaupt et al., 2020b).

b. Individual therapy programs

Fathers for Change (F4C; Stover, 2013; Stover et al., 2020) is a manualized, module-based intervention for men who have used IPV, who want to end violent behaviors, and who want to repair the consequences of their use of IPV on their children. The intervention is offered as an individual treatment with modules where the child's mother can participate in sessions on co-parenting, and, where safety permits, there is the opportunity for dyadic sessions with father and child. The intervention has shown high adherence, with completion rates between 67 and 80 % across studies (Stover et al., 2020). It has also shown good outcomes, with a reduction in men's abusive behaviors measured by the Abusive Behaviors Inventory (ABI) from a mean of 21.71 pre-treatment to a mean of 7.42 post-treatment (N = 272; cutoff for abusive relationship ≥ 9) as reported by the exposed partner (Stover et al., 2020).

Alternative to Violence is a Norwegian based therapeutic service for adults who use IPV and has been active since 1987. Fathering and how violence affects the father-child relationship is an integrated theme in any therapy where men in treatment are fathers and have contact with their children (Askeland & Råkil, 2017). Further, two therapists work systematically with the perpetrator and the exposed parent toward inviting the client's child(ren) to at least one private, planned session. This manualized intervention is called "Si det videre" (my translation: "tell someone") and consists of a therapeutic manual and materials (Alternative to Violence, 2018). The goal of this session is to give the child information about IPV, how children often can be affected by IPV in different ways, and their father's specific treatment. This routine also allows the therapist to get to know the client's child(ren), which facilitates the therapeutic focus on the father-child relationship.

c. Group interventions

The Caring Dads program (Scott & Lishack, 2012) is an example of an effective group-intervention to improve fathering with men who have used IPV. It is manualized, each of the 17 sessions has a specific theme and focus, and there are a workbook and homework assignments related to each session. Agencies offering this program also routinely reach out to the participant's (ex-)partner and stay in contact with her on matters of safety and co-parenting. The Caring Dads

program is widely used in Canada and the UK, and has a good evidence base, demonstrating small to medium effect sizes regarding reduction in participants' aggression toward children and medium effect sizes regarding improved co-parenting when comparing measures pre- and post-treatment completion (McCracken & Deave, 2012; Scott & Lishack, 2012).

d. Family interventions

For Baby's Sake (Domoney et al., 2019) is a manualized long-term intervention framework for couples who are expecting a baby, or have very young children, and where the father has used IPV against the mother. The intervention is multi-agency based, and involves individual treatment sessions for the father, the mother, and co-parenting sessions tailored to the safety needs of the family, regardless of whether parents live together or not. The intervention also includes home visits and safety work, psychoeducation, and routine follow-up of the child. The intervention is designed to last for between 18 and 24 months from pregnancy throughout the child's first years of life.

The Abuse Clarification Process (Lipovsky, Swenson, Ralston, Saunders, 1998) involves parallel work with the exposed children and their exposed caregiver in one therapeutic process, and with the perpetrator in another. The perpetrator work centers around formulating and rephrasing a letter to the affected family members where the perpetrator works toward clearly stating the nature of his violence use, accepting responsibility for his violence, acknowledging the impact on the other family members, and outlines how he will work toward safety in the future. The work continues until both therapists, based on all family members' descriptions of the violence, agree that the man's letter is covering all aspects in a way that will be helpful for the affected family members to hear. Then, a session is prepared where the perpetrator reads his letter to the affected children, and where children and perpetrator receive a debrief in private with their therapist.

Child-Parent Psychotherapy (Lieberman & Van Horn, 2011) is framework for dyadic trauma-focused therapy with children 0-6 years old, and their caregivers. CPP aims to help young children heal from trauma, including domestic violence, through strengthening the natural attachment processes between child and caregiver. Where safety permits, this work can and has been done also with the parent who has been abusive, and who has exposed the child for trauma. It is important to underline that this work demands thorough training, supervision, assessment, and preparation.

A Family Systems Approach to working with IPV has been formulated and described (Sammut Scerri et al., 2017). This work is based on attachment theory and family systems theory, and includes thorough safety planning, where the use of a stable third party who is acknowledged by both perpetrator and exposed is a vital element. The stable third may be a family member, a GP, a helper at CPS, or any person who commits to participate in working toward the family's safety and non-

violence. The relationship to children, understanding how children are affected by living with IPV, and co-parenting are central themes in this approach.

e. Integrative approaches

To some extent, all approaches I have mentioned are integrative in the sense that they entail work with perpetrators and their partners through one or several agencies. These programs have been primarily designed to work therapeutically with parenting in the context of IPV. In this section, I describe two programs that primarily work toward ending violence, but which by means of integrating work with perpetrators and work with exposed women and children also address perpetrator's parenting.

The Caledonian System is an integrated approach to addressing domestic violence. It combines a court-ordered program for men who have been violent toward their partner with support services for women and children. It applies a family-systems approach to domestic violence, and its multi-agency-collaborative model is in line with the system's roots in ecological theory (Ormston, Mullholland, & Setterfield, 2016). The Caledonian System is based on three separate, but co-operating services: The perpetrator program entails a minimum of 40 sessions of individual and group work. The women's service focuses on reducing risk through information work, advice, support, and safety work. Finally, a children's service, which may or may not involve children directly. The main goal of the children's service is to uphold the rights of children in the context of domestic violence. Evaluations of the Caledonian System are positive, and men report that participation also led to a change in their fathering (Ormston et al., 2016).

Alternative to Violence provide an example of how integrative work can be done within the same organization. They offer structured group therapy for men who use IPV, while the man's partner or ex-partner is reached out to and offered counselling regarding safety, the dynamics of violence, and follow-up. This intervention is widely used in Scandinavia and the Nordic countries. Groups are open, meaning that new participants are included continuously, and finish continuously and typically include between 5 and 8 participants at any given time. Each participant commits to participate for a duration of 24 weekly 2-hour long sessions, covering 8 modules á 3 sessions. One module is devoted to fathering and the father-child relationship (Veteläinen et al., 2013).

V. What works for you in the context you work in? A checklist for what you can offer based on the opportunities you have

In this final section, I want to honor that agencies involved in perpetrator work across Europe have different possibilities for focusing on the father-child relationship in the context of IPV.European service providers differ regarding staffing, funding, and system infrastructure, among others. Based on the principles outlined in this paper, I will try to provide a checklist for how to work toward including a father-focus in any perpetrator work.

Check 1: How many people work at your agency?

Interventions that go beyond individual or group therapy and involve the man's (ex-)partner and child(ren) also demand more staff. It is not advisable that the same therapist meets different family members over time, as perpetrator work and work with women and children exposed to violence often demand different ports of entry and therapeutic techniques. Ideally, two therapists may work in parallel and have regular contact regarding the participants' development on agreed upon themes. This ensures that the violence-exposed parent can describe her experiences in a confidential setting. She is kept informed on whether her partner participates in treatment or not, and her and her partner's therapists can compare descriptions of violence, change, and dynamics, thus enhancing safety and ensuring adherence to a violence focus that includes the exposed children's experience. This also means that fathering – and family focused interventions demand a minimum of four full-time employed therapists at an agency, given that safe therapy requires a reflective team and regular supervision.

Check 2: Do you collaborate with a victim's support service?

Working systematically on fathering in the context of IPV should include contact with the exposed partner and mother. Either by collaboration with a specialized service that offers support and follow-up of women exposed to IPV, or by offering both perpetrator work and work with exposed women in the same agency: Try to collaborate on families. Perpetrator work informs the work with victims, and vice versa, and working with children who have experienced interparental IPV informs both. Safety work, understanding of therapeutic needs, and timing of interventions are often improved by establishing contact with all affected and involved family members. Wherever possible: reach out to the child's mother or other caregiver when making fathering a theme in IPV treatment. This is also in line with articles 16 and 20 of the Istanbul convention that state the need to work, also across agencies, on toward men embracing non-violence, and supporting women exposed to violence. For many women exposed to violence from their partner, his fathering and co-parenting is

part of the violence exposure. Access to the exposed mothers' experiences and needs will often improve the interventions given to men and fathers.

Check 3: Do you collaborate with the local child protection agencies?

Along the same logic as sketched out in point 2, it is important to ensure contact with or some access to the violence-exposed child(ren)'s experiences. It is imperative that the agency can connect to a third party (child protection, police) that can commit to ensure children's safety during the process. Father-child work in the context of IPV should start first when a solid structure for the safety of the (ex-) partner and child(ren) is established.

Check 4: Does your agency employ people with training in children's mental health?

Interventions that involve working with father and child in the room demand that the therapist has relevant training in children's mental health, particularly trauma-work. This is important, as many men in treatment for IPV may not be aware of or misinterpret their children's trauma symptoms. Involving a child in a therapeutic process therefore demands some qualified assessment of the child, and ideally some sessions with the child's mother or other caregiver. If you do not have this competence at your agency, it is encouraged to collaborate with a service provider that does.

Check 5: If you have very limited resources, are a perpetrator-only service and can offer individual or group sessions

Make fathering and the father-child relationship a theme from early on. For many men in IPV treatment, becoming a better father for their children is a main motivation for change (Stover, 2013). Often, exploring the child's perspective and making the man aware of how he might have scared his child can also serve as port of entry for opening-up about the man's adverse childhood experiences, how they have formed him, and how they may have contributed to his use of violence. The important point is that the sessions around the child's possible experience is structured. This can be achieved by devoting several sessions on exploring how the child may have been affected by the violence, and how these experiences may continue to impact on the child's perception of the father.

Check 6: If you have a good and stable budget, and a stable and specialized staff

Consider training some of the therapists in manualized interventions for groups, families, or individuals. Our experience is that the spillover of doing this work systematically is positive for an entire organization, as it opens new perspectives on when and when not to intervene with a family focus.

VI. Summary

Fathering and the father-child relationship in the context of IPV has become an important aspect of perpetrator treatment. The child's development and safety should always be at the heart of these interventions. This means that only focusing on ending the use of the father's violent behaviors may often be insufficient. Therefore, the development of basic caregiving capacities should also become a theme. This can be achieved by adding sessions to already existing programs. These sessions should be systematically planned and administered and cover as a minimum the themes outlined in this paper. There also manualized and tested individual, group, and family interventions for working toward safer fathering, co-parenting, and child safety.

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