Child Welfare Fathers as Resources and Risks in their Children's Lives

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Table of Contents

* indicates published paper

List of Tables

List of Figures

Summary

Fathers and father figures tend to be overlooked in child welfare practice. There are multiple reasons for this, including common assumptions amongst practitioners that fathers are irrelevant in their children's lives, or that all fathers in child welfare families are substance-abusing and violent. However, overlooking fathers can have serious consequences for vulnerable children. Not engaging abusive fathers can place children at increased risk of harm. In addition, excluding non-abusive and committed fathers can be deleterious for children as it can deprive them of the many benefits of having a loving parent involved in their life. Despite the significant ramifications to children of poor father engagement, there is a dearth of research on child welfare fathers to guide father-inclusive practice. There is a particular paucity of research exploring fathers as resources and assets for their children. The aim of the present research was to fill the gap in understanding about fathers as both resources for and risks to their children by examining the profiles and life stories of a group of 35 fathers associated with a fathers' parenting intervention program in Australia. All but one participant completed demographic, family, psychological and child maltreatment risk measures. In addition, some participants provided qualitative data regarding their childhoods, experiences of intimate partner violence (IPV) and efforts to protect their children. The present research found that, contrary to negative stereotypes, some child welfare fathers have ceased abusing substances, are very committed to and involved in the lives of their children, and do their best to protect their children. It also found that some fathers have similar histories of childhood abuse and IPV victimization as some mothers in child welfare families. With regard to fathers as risks to their children, the present research found that the parental risk factors most strongly and consistently associated with fathers' risk of child maltreatment were current psychological factors. More positive self-perceptions and lower levels of depression and anxiety were associated with decreased risk of child maltreatment. The key

practical implication of this research is that child welfare practice needs to adopt fully inclusive, impartial, and strengths-based approaches to father engagement, for the benefit of at-risk children.

Certification by Candidate

I certify that this thesis is all my own work and has not been submitted for a higher degree to any other university or institution. Macquarie University Ethics Committee approval was obtained for all aspects of the research presented in this thesis (reference number 5201100126).

Lee Zanoni

Date:

Dedication

I would like to dedicate this thesis to the dads at the Newpin Fathers' Centre. Your courage and commitment to your children, despite very challenging circumstances, is inspiring.

Acknowledgements

I would like to begin by thanking my principal supervisor, Dr Wayne Warburton, for his guidance, ideas, support and encouragement during the years of my PhD. Wayne's wisdom at the big picture level in particular was much appreciated. I knew Wayne was there to help if needed, and I appreciated his understanding and empathy. Wayne's feedback on my work was always valuable.

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I owe a great deal of gratitude to Hugh Houston, co-ordinator of the Fathers' Newpin Centre. Hugh organized most of the interviews with the fathers, and due to the men's absolute trust in and gratitude to Hugh, all but one agreed to be interviewed. Hugh also welcomed and trusted me, and treated me like one of the team, from the very beginning. The other staff treated me similarly and so I always enjoyed spending time at the centre.

The highlight of my PhD was meeting a group of brave and inspiring men who had experienced the hard end of life but were doing all in their power to be the best dads they could be. These men also welcomed and accepted me as one of the team, and opened their lives to me during the interviews. I consider it a privilege to have been entrusted with their life stories, including many very painful experiences.

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It would be remiss of me not to mention my ex-husband, Chris, who supported me in the first year of my PhD.

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Going through a divorce in the middle of a PhD is not ideal. A couple of years ago I remember commenting to my minister, John, that it would only be by the grace of God if I finished this PhD. John's reply was, "God's big on grace". Those were very true words, and so by the grace and kindness of God, here I am, with this PhD now completed!

Chapter 1: General Introduction

Thesis Overview

Child welfare practice has traditionally considered mothers and children the primary clients of casework, interventions and services, typically overlooking fathers and father figures (L. Brown, Callahan, Strega, Walmsley, & Dominelli, 2009; Scourfield, 2006). In this thesis, the terms 'fathers' and 'father figures' are used to encompass the many diverse forms of fathering found in today's society, including biological fathers, adoptive, step and foster fathers, and informal social fathers such as mothers' partners (Marsiglio, Day, & Lamb, 2000). The term 'child welfare' is broadly defined as an array of services responsible for receiving and investigating reports of child abuse and neglect and assessing child and family needs to ensure the safety and well-being of children (Child Welfare Information Gateway, 2014). Studies indicate that fathers are included in only 37-55% of child welfare cases (Baynes & Holland, 2012; Huebner, Werner, Hartwig, White, & Shewa, 2008; Malm, Murray, & Geen, 2006; Strega et al., 2008). This lack of father inclusion in child welfare practice is a serious issue because it has direct and major implications for children, both when fathers are a danger to their children and when fathers play a positive parenting role (O'Hagan, 1997).

Ignoring or avoiding dangerous fathers places children at greater risk (Featherstone & Peckover, 2007). Child abuse enquiry reports in the UK have consistently found that when fathers are overlooked, children suffer the consequences (O'Hagan, 1997). Whilst mothers are held accountable for child neglect more often than fathers, fathers are more likely to be responsible for shaken baby syndrome and other violent physical abuse (Dufour, Lavergne, Larrivée, & Trocmé, 2008; Klevens & Leeb, 2010). A review of 600 cases of the death of a child under five years old due to maltreatment in the US found that fathers or father substitutes were the alleged perpetrators in twice as many cases as mothers (Klevens & Leeb, 2010). Even though more child deaths are caused by severe physical abuse from fathers or father figures than mothers, fathers as perpetrators have received

minimal attention in policy and practice (Cavanagh, Dobash, & Dobash, 2007).

The consequences of overlooking or excluding non-abusive, caring fathers can also be deleterious for children. Fathers can be a vital, yet often unrecognized and untapped, resource for their children (Ferguson & Hogan, 2004). Poor father engagement can result in children being placed with strangers in out-of-home care rather than with a loving parent, their father. Being in out-of-home care can put children at further risk of maltreatment (e.g. Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2014). Furthermore, the involvement of fathers in their children's lives has been shown to reduce the likelihood that children will be involved in Child Protection Services (CPS), in addition to reducing the length of time children are in out-of-home care (Bellamy, 2009; Berger, Paxson, & Waldfogel, 2009; Coakley, 2012; Guterman, Lee, Lee, Waldfogel, & Rathouz, 2009; Malm & Zielewski, 2009; Proctor et al., 2011). Father involvement has also been linked to higher cognitive development scores and better social and emotional adjustment for high-risk children (Dubowitz et al., 2001; D. Marshall, English, & Stewart, 2001). However, despite the research indicating the protective benefits of father involvement, CPS rarely consider fathers as placement options when children are at risk from their mother, especially non-resident fathers (L. Brown, Callahan, et al., 2009; Malm & Zielewski, 2009). One study demonstrated that CPS are nine times more likely to work towards reunifying children with their mother than with their father, even when the maltreatment is more than twice as likely to have been perpetrated by the mother than the father or father figure (Malm & Zielewski, 2009). Therefore, whether fathers are deemed perpetrators or protectors, risks or resources, the poor engagement of fathers in child welfare practice precipitates poor outcomes for vulnerable children.

Many different factors have contributed to this lack of father-inclusive practice. One such factor involves pervasive negative stereotypes and assumptions about fathers in

child welfare families[1]. Fathers are often considered irrelevant and inconsequential in their children's lives (Scourfield, 2001; Storhaug & Øien, 2012). Many child welfare workers assume fathers are uncommitted and uninvolved parents who are unwilling and unable to give up drugs and alcohol (L. Brown, Callahan, et al., 2009; Ewart-Boyle, Manktelow, & McColgan, 2013; Scourfield, 2001; Storhaug & Øien, 2012). Such fathers are also frequently believed to be perpetrators of abuse towards to their children and partners, even when there is no evidence supporting this view (Barker, Kolar, Mallet, McArthur, & Saunders, 2011; Bellamy, 2009; Dominelli, Strega, Walmsley, Callahan, & Brown, 2011; Ferguson & Hogan, 2004). As a consequence of these negative stereotypes, child welfare policies and practice often make it difficult for fathers to be involved in their children's lives (L. Brown, Callahan, et al., 2009). These negative assumptions also contribute to fathers being given less empathy, support and services than mothers when they are included in child welfare cases (Bui & Graham, 2006; Huebner et al., 2008; Kullberg, 2005; Storhaug & Øien, 2012). For example, Kullberg (2005) found that fathers in similar situations to mothers were considered by social workers to be less deserving of support.

The broader social structures and processes of society set the contextual background for these stereotypes and the marginalization of fathers in child welfare practice. Social forces associated with economics, race and gender intersect and create circumstances that in turn influence the way men perceive themselves as fathers, and how they find themselves judged by others (Marsiglio & Cohan, 2000). Parents in families involved in the child welfare system are, on average, poorly educated and often not in the workforce, there is an over-representation of indigenous parents, and parenting is generally equated with mothering and therefore the female gender (Krishnan & Morrison, 1995; Lewis & Lamb, 2007; Sedlak et al., 2010; Stith et al., 2009). The intersection of these

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[1] The term 'child welfare families' is an abbreviated way of referring to families in receipt of child welfare services. Although there is potential for stigma associated with this term, it is used here with respect for such families.

economic, race and gender processes augments the disadvantage of fathers within the child welfare system. For example, although parenting roles are far more flexible in today's society, the belief that fathers should be the primary financial provider for the family still exists. However, a high percentage of fathers involved in child welfare services are not in the workforce, possibly contributing to a perception that they are inadequate and expendable fathers (Marsiglio & Cohan, 2000). Similarly, it is still widely believed that parenting is the primary domain of women, not men, rendering the exclusion of fathers in child welfare practice socially justifiable (Lewis & Lamb, 2007). Furthermore, in Australia, indigenous men have higher rates of alcohol abuse and incarceration than the general population, and domestic violence and child abuse are endemic problems in some indigenous communities (Garvey, 2008). These statistics have contributed to widespread stereotyping of indigenous men in Australia as alcoholic and violent. Fathers of indigenous origin are therefore particularly disadvantaged when engaging with child welfare services. In sum, the conflation of race, gender and economic disadvantage contribute to the societal context for the marginalization and avoidance of fathers in child welfare practice.

Reflecting and reinforcing the neglect of fathers in child welfare policies and practice, child welfare research has also overlooked fathers, with most research on child welfare parents being conducted with mothers (Daniel & Taylor, 2006; Lamb, 2001; Lee, Bellamy, & Guterman, 2009; Stith et al., 2009). It has been estimated that only 13% of social work studies have included fathers as participants in research (Shapiro & Krysik, 2010). Despite the potential risk they pose, little research has investigated the characteristics and risk factors of fathers in child maltreatment cases (Dufour et al., 2008; Lee, Guterman, & Lee, 2008). Conversely, and congruent with the negative preconceptions of fathers, there is a particular paucity of research on fathers in child welfare families who are not violent, abusive or inadequate parents (Storhaug & Øien,

2012). Little research has specifically addressed the domain of fathers as positive and protective influences in the lives of their at-risk children (Guterman, Lee, Taylor, & Rathouz, 2009).

Overall, there has been minimal research conducted on and with child welfare fathers[2], resulting in a limited understanding of half the child welfare parent population. This lack of knowledge means that negative stereotypes regarding fathers are left unchallenged, contributing to the continued exclusion and lack of support of fathers in child welfare practice (Cameron, Coady, & Hoy, 2014; Dubowitz, 2009). Given the substantial direct consequences to children when fathers are not engaged, regardless of whether they are valuable resources for or risks to their children, fathers should be fully integrated into child welfare practice. Effective father-inclusive practice, however, can only occur if there is a more complete, in-depth and nuanced understanding of fathers in child welfare families (Dubowitz, 2009; Lee et al., 2009). Therefore, research plays a pivotal role in advancing father engagement and informing child welfare policy and practice (Dubowitz, 2009; Risley-Curtiss & Heffernan, 2003). The studies presented in this thesis are designed to address the considerable gap in knowledge about child welfare fathers by exploring the profiles and life stories of a group of fathers involved with CPS in Australia. This research most notably adds to the paucity of literature on child welfare fathers who are valuable resources and protective influences in the lives of their children, and challenges many negative stereotypes of child welfare fathers. However, due to the fact that some fathers have the potential to maltreat their children, studies in this thesis will also explore the father factors most strongly associated with risk of child maltreatment, in order to identify the most effective approaches to reducing child maltreatment risk from fathers. Hence, the aim of this thesis is to examine child welfare fathers as both resources

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[2] The term 'child welfare fathers' is an abbreviated way of referring to fathers in families with child welfare involvement. Although there is potential for stigma associated with this term, it is used here with respect for such fathers.

and risks, protectors and perpetrators, in the lives of their children, and for the benefit of their children.

This thesis consists of a general introduction (the present chapter), a chapter on overall research design and methodology, four papers[3] and a general discussion of the findings. The background literature review on child welfare fathers is presented in Chapter 2. Chapter 3 provides details of the background, theoretical framework, objectives, design and methodology of the study conducted for this thesis. The papers in Chapters 4, 5 and 6 present various findings from this study, including quantitative and qualitative, cross-sectional and longitudinal results. More specifically, Chapters 4 and 5 address the domain of child welfare fathers as resources and protectors for their children, and Chapter 6 addresses the domain of fathers as risks to their children. The final chapter reviews the findings from these studies and their implications, discusses the strengths and limitations of this research, and makes recommendations for further research. A brief précis of Chapters 2-6 now follows.

The Present Research

In order to increase the understanding of fathers in child welfare families, both as resources for and risks to their children, this thesis examines the demographic, family, psychological and child maltreatment risk profiles of a group of child welfare fathers. It also explores fathers' experiences of childhood abuse, intimate partner violence (IPV), and concerns for their children's safety.

To provide the background and context for the ensuing research papers, the multidisciplinary literature review presented in Chapter 2 summarizes what is currently known about child welfare fathers. It begins by highlighting the evidence from social work and child maltreatment literature that fathers are overlooked in child welfare policy,

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[3] This thesis is presented in 'thesis by publication' format, as outlined and recommended by the Macquarie University Higher Degree Research Unit. Due to the thesis' publication structure, there is some unavoidable repetition across the thesis.

practice, and research. It then discusses the theoretical, practical and attitudinal reasons for this exclusion of fathers. In particular, negative stereotypes and beliefs that child welfare fathers are irrelevant, uncommitted, uninvolved, drug-abusing and dangerous parents contribute to poor father engagement. Evidence is then provided from the broader father and developmental psychology literature demonstrating why it is important for the well-being of children to include fathers in child welfare practice. It is shown that father inclusion is critical to improving the safety and well-being of vulnerable children because fathers play a vital role in the lives of their children, for better or for worse (Lamb, 2012a). Indeed, it is revealed that fathers influence child outcomes independently of, and as strongly as, mothers (e.g. Baxter & Smart, 2010; Flouri & Buchanan, 2003; Kochanska & Kim, 2012; Liu, 2008; Putnick et al., 2014; Veríssimo et al., 2009).

Chapter 3 discusses the background and theoretical framework of the study. It describes the Fathers' Newpin Centre where this research was conducted, and how the theoretical basis of the study reflects the theoretical underpinnings of the Newpin program in addition to a theory of fatherhood espoused by Lamb (2010a, 2012a). Chapter 3 then describes the objectives of the study and the rationale for the mixed-method, longitudinal design. A description of the research participants follows, in addition to a discussion of the study procedures, data analysis and ethical considerations. In summary, this study was conducted with 35 fathers associated with a fathers-only parenting intervention program in Sydney, Australia. Over 80% of study participants had children with past or current CPS involvement. All study participants were Australian, only spoke English, and approximately one third were of Aboriginal origin. Program admittance was conditional on fathers not having current, unaddressed problems with substance abuse, violence or mental illness (King & Houston, 2008). The program was intensive and long-term, consisting of parenting education and therapeutic group work once a week during school term for a minimum of 1.5 years. In addition to the group work, program staff provided

individual assistance to fathers dealing with CPS and/or lawyers, with the goal of achieving the restoration of their children. To the authors' knowledge, this fathers' program is the only one of its kind in Australia.

The papers in Chapters 4 to 6 report the various study findings. The largest gap identified in the literature was research examining child welfare fathers as resources and protectors in their children's lives. To address this gap, Chapters 4 and 5 explore this theme and challenge some of the common negative stereotypes which hinder father engagement in child welfare services. Chapter 4 examines the demographic, family and psychological profiles of study participants to address three research questions: are the fathers in the study typical of child welfare parents, what factors are most associated with fathers' psychological well-being, and is there support for the negative stereotypes of fathers as uncommitted and uninvolved parents with chronic substance abuse issues? Due to almost all participants having children with current or past CPS involvement, it was expected that the fathers in the study would be typical of CPS parents. Since previous research has reported that some child welfare fathers become very distressed at being separated from their children (e.g. Barker et al., 2011; Cameron et al., 2014; Ferguson & Hogan, 2004; Storhaug & Øien, 2012), it was hypothesized that separation from their children would be strongly associated with fathers' psychological well-being. Furthermore, because the fathers' parenting program is quite intensive and long term, and fathers are screened for current drug use, it was also expected that study participants in general would be committed, involved and drug-free parents. Chapter 4 examines quantitative cross-sectional data from 34 child welfare fathers, and uses qualitative data to illustrate and extend the quantitative results reported in this chapter.

Continuing the theme of fathers as resources, but explored with a different focus, Chapter 5 examines the life stories of a subset of study participants. It addresses the research question of whether or not some fathers in child welfare families have similar

experiences of childhood abuse, IPV and safety concerns for their children as do many child welfare mothers. From the sparse existing literature, practitioners have reported histories of childhood abuse and IPV victimization for some child welfare fathers (Dixon, Hamilton-Giachritsis, Browne, & Ostapuik, 2007; Dufour et al., 2008). In addition, some individual fathers in small qualitative studies have reported IPV victimization and concerns for the safety of their children (Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012; Strega, Brown, Callahan, Dominelli, & Walmsley, 2009). However, due to the paucity of extant research, this study is exploratory. In contrast to Chapter 4, the paper presented in Chapter 5 is derived primarily from qualitative data provided by a subset of at least nine fathers, with quantitative data of the larger sample supplementing and supporting the qualitative findings.

Having explored the theme of fathers as resources and protectors in their children's lives, Chapter 6 investigates fathers as risks to their children. It addresses the research question of which father factors are most closely associated with measures of child maltreatment risk, cross-sectionally and longitudinally. Some extant literature suggests that the current psychological well-being of fathers, depression in particular, is more closely associated with risk of child maltreatment than socio-demographic or past factors (Chaffin, Kelleher, & Hollenberg, 1996; Lee, 2012; Lee, Taylor, & Bellamy, 2012; Schaeffer, Alexander, Bethke, & Kretz, 2005). Self-esteem, sense of mastery, sense of parenting control, and sense of parenting competence have also been linked to risk of child maltreatment from fathers (Aunola, Nurmi, Onatsu-Arvilommi, & Pulkkinen, 1999; Bugental, 2004; Dubowitz, Black, Kerr, Starr, & Harrington, 2000). However, there is so little research examining the risk factors of child welfare fathers that this study is primarily exploratory, and the hypothesis regarding the impact of current psychological factors is tentative. Chapter 6 is drawn from the cross-sectional and longitudinal quantitative data of 34 child welfare fathers (an additional father provided a life story interview but did not

participate in the quantitative interview). The longitudinal data examines the factors most associated with change in child maltreatment risk measures over time.

In sum, the present research is designed to augment the scant knowledge base of child welfare fathers by exploring fathers as both resources for, and risks to, their children. Chapter 4 investigates fathers as resources by primarily examining the quantitative demographic, family, and psychological profiles of a group of fathers associated with a fathers' parenting intervention program. Chapter 5 continues to examine fathers as resources for their children by predominantly exploring the qualitative data describing the childhood, IPV and child safety experiences of these child welfare fathers. Finally, Chapter 6 investigates fathers as risks to their children by examining the factors associated with child maltreatment risk using both cross-sectional and longitudinal quantitative data. This thesis makes a unique contribution to the literature by combining quantitative and qualitative, cross-sectional and longitudinal data. To the authors' knowledge, this is the only mixed-method, longitudinal study of child welfare fathers, and is the only study of Australian child welfare fathers. In addition, this thesis addresses an especially neglected area of child welfare research by exploring the positive, protective role some fathers play in the lives of their children. It also addresses the important question of how best to reduce child maltreatment risk from fathers. The practical implications of this research are significant since father-inclusion in child welfare practice has major consequences for vulnerable children.

Chapter 2: Fathers as 'Core Business' in Child Welfare Practice and Research: An Interdisciplinary Review *

Abstract

This literature review draws from a wide array of interdisciplinary research to argue that fathers need to be included in child welfare practice and research to the same extent as mothers. Social work and child maltreatment literatures highlight that fathers are often overlooked and viewed more negatively than mothers in child welfare practice. There are noteworthy theoretical and practical reasons for this poor engagement of fathers in practice. However, advances in attachment theory and recent research findings from developmental and fathering literature indicate that fathers influence their children independently from mothers and equally strongly. Further research demonstrates that fathers and father figures can be both potential risk factors and protective factors in the lives of vulnerable children. Therefore, children are placed at increased risk if dangerous fathers are not engaged, and are also significantly disadvantaged if supportive fathers are not engaged. The review concludes with practical implications for child welfare practice and research.

Introduction

In the last decade many western countries have initiated public policies to raise awareness of the importance of father involvement in the lives of their children (e.g. The National Fatherhood Initiative in the US, The Father Involvement Research Alliance in Canada, The Fatherhood Institute in the UK, and the 2006 Family Law reforms in Australia). These initiatives are, at least in part, a response to the overwhelming research evidence that has accumulated over the past 30 years demonstrating that fathers play a vital role in the lives of their children (Lero, Ashbourne, & Whitehead, 2006). However, child welfare services appear to be quite resistant to father-inclusive practice. The lack of attention to fathers in child welfare services has been well-documented in general social work literature internationally and, according to some, ignoring fathers is deeply embedded in child welfare practice (L. Brown, Callahan, et al., 2009; Dominelli et al., 2011; Strega et al., 2008). Scourfield (2006) posits that there is an assumption that men are not the 'core business' of child protection workers since women are considered the main client base. Others claim there is a pervasive negative stereotype of fathers and father figures in child welfare families and that, as a result, they are treated with suspicion and assumed to be absent, unimportant, dangerous and generally 'bad' (Bellamy, 2009; O'Donnell, Johnson, D'Aunno, & Thornton, 2005). These negative perceptions may lead to a lack of engagement by workers and a tendency to exclude fathers from at risk children's lives. Therefore, despite the fact that in the wider public arena father involvement is being encouraged, child welfare policies and practices tend to promote *uninvolved,* rather than involved, fathering (L. Brown, Callahan, et al., 2009).

There are, however, valid reasons, from both theory and practice, why child welfare services and research have focused on mothers and not fathers for decades. From a theoretical perspective, Western society has embraced the traditional hierarchical model of attachment theory which postulates that attachment to the mother is most important for

children's socio-emotional well-being (Lewis & Lamb, 2007). In practice, including fathers can be very challenging due to factors such as the complexities of modern family composition, mothers not wanting fathers involved, avoidance and resistance from fathers themselves, and the fear of violent men. Therefore, since there are significant reasons to avoid fathers in child welfare families, a very convincing argument is required to justify altering current practice and expending scarce resources to engage and study fathers.

It will be argued that there are persuasive theoretical reasons, as well as compelling research evidence, that *do* justify engaging and studying fathers from child welfare families. Attachment theory is being revised in the light of a solid body of research evidence demonstrating that fathers have an equally important and independent influence on children's well-being (Newland & Coyl, 2010). In addition, ecological theories of child maltreatment also highlight the need to include all significant adults in a child's life when addressing child-focused problems. Hence, by failing to routinely and comprehensively include fathers, child welfare services can profoundly fail children, since fathers can be just as much a protective factor or risk factor in the life of a child as the mother (L. Brown, Callahan, et al., 2009; Strega et al., 2008). In essence, when fathers are overlooked, children may suffer the consequences.

This literature review addresses a gap in the child welfare literature by integrating research from a variety of different fields, including social work, child welfare, fathering and developmental psychology, to examine the problem of poor father engagement in child welfare practice, as well as the causes, importance to child outcomes, and possible solutions (see Figure 1). By adopting an interdisciplinary approach, this problem can be analysed holistically by drawing from a comprehensive body of literature. In particular, is utilizes recent fathering and developmental research to challenge existing mother-focused theory, practice and research. It is necessary to increase awareness of the research evidence demonstrating that fathers, just like mothers, play a vital role in their children's

lives, since it is this research that provides the compelling argument for including fathers in all aspects of practice and research (Fleming, 2007). This review also augments the fathering literature as there is a dearth of research on fathers in child welfare families as a sub-group.
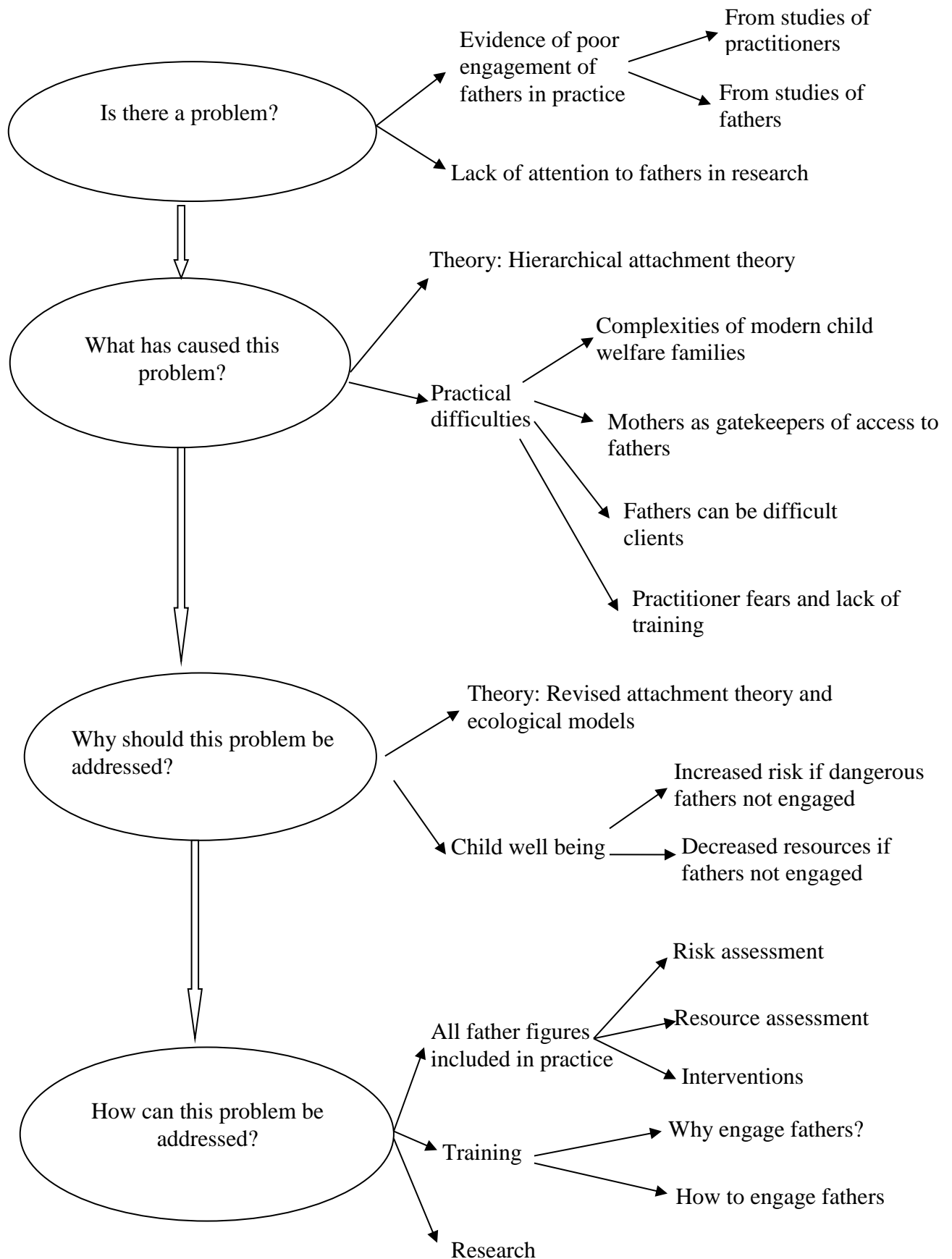
Figure 1. Structure of this interdisciplinary literature review.

Evidence that Fathers have been Overlooked in Child Welfare Practice From Studies of Practitioners

Recent studies of child welfare practitioners in various Western countries have found a general lack of inclusion of fathers in practice. For example, in Canada, a study of 116 randomly selected child protection files showed that social workers rarely asked about, or involved, fathers in their casework (Strega et al., 2008). In these files, social workers described the fathers as irrelevant in 50% of cases, a risk to their children in 20% and an asset in 20% of cases. Even when fathers were considered a risk to their children they were not contacted by social workers in 60% of cases. Social workers also failed to include those fathers who were involved and supportive (Strega et al., 2008). Of 1,203 caseworkers surveyed from one US state, only 37% agreed or strongly agreed that they worked with fathers in most of their cases (Huebner et al., 2008). In another US study where 1,222 foster care caseworkers were interviewed, only 55% reported that the non-resident father had been contacted, even though 88% of caseworkers knew the identity of the father (Malm et al., 2006). In a separate study of 1,958 children in foster care in the US, only 4% of children's permanency goal was reunification with their father, compared to 36% of cases where the goal was reunification with the mother. This was despite evidence that 54% of these children experienced maltreatment by their mother and only 19% by their father (Malm & Zielewski, 2009).

There is evidence that fathers in child welfare have been overlooked in the UK and Ireland as well. According to O'Hagan (1997), the neglect of fathers by child welfare workers has been consistently highlighted in child abuse enquiry reports in the UK over the past 20 years, and has not improved during that period. An ethnographic study of practice culture in a social work office in the UK found that men were generally viewed as a potential threat to children, mothers and social workers, were considered to contribute very little to the family, and were thought to be incompetent carers. In addition, workers did not

view it as part of their job to work with fathers (Scourfield, 2001). In a recent study of 40 child protection case files in one English local area, recorded levels of engagement with fathers was comparatively low throughout the child protection process (Baynes & Holland, 2012). In this study, less than half the fathers were invited to the initial child protection meeting and 60.3% of fathers were not contacted by a social worker prior to the initial child protection meeting. In Ireland, a qualitative study of 24 fathers, 20 professionals, 12 mothers and 12 children found that the overall orientation of the welfare system was to exclude fathers because they were viewed as dangerous and incapable of nurturing children (Ferguson & Hogan, 2004). In this study, some men were not engaged due to their appearance (e.g. tattoos, 'skin head') or because they were considered dangerous, even if they were never known to have actually been violent.

Gendered practice has also been found in Sweden and Australia. In Sweden, 417 randomly selected social workers were given realistic vignettes involving a single mother or single father involved with social welfare. Even though the single fathers faced similar problems to those faced by the mothers, single fathers were assessed by the workers as having more serious problems, being less deserving of support, and were recommended fewer support services than single mothers (Kullberg, 2005). In Australia, a recent qualitative study of 10 experienced Australian child and family welfare professionals found that their practice was gendered, with a focus on mothering and an avoidance of fathers (Fleming, 2010). Despite recognition that there were certain benefits to engaging with fathers and intentions to be more father inclusive, participants' actual engagement with fathers in their work was quite limited. In addition, the participants indicated a lack of knowledge of the fathers and were ambivalent about working with them, even though half the professionals were themselves male. Participants reported that including fathers increased their workload, so it was considered easier and a more valuable use of time to assume fathers were absent and instead focus on mothers (Fleming, 2010).

From Studies of Fathers

Qualitative studies of fathers from child welfare families in different countries indicate that many fathers feel less supported than mothers and believe that workers are biased against them. For example, a study of seven fathers with current or past contact with child welfare services in Norway found that fathers believed the workers did not want any contact with them and did not really listen to them. They felt they were treated as irrelevant in the life of their child, not capable of caring for their child, and had to prove they could be good caregivers (Storhaug & Øien, 2012). In the US, a study of 339 fathers involved in child protection services found that less than half these fathers agreed or strongly agreed that a social service worker had regular contact with them (47.8%) and that the staff were professional and polite (46.9%), compared to nearly 80% of mothers in child protection services who were "satisfied" or "very satisfied" with the services provided (Huebner et al., 2008). A recent Canadian study found that seven of the 18 fathers interviewed were quite negative about their involvement with child welfare, six were fairly positive and five had mixed experiences. Often what distinguished men's perceptions of a good worker from a bad one were demonstrations of common courtesy such as whether or not they treated the fathers with respect, listened to their side of the story, were honest with them and kept them fully informed (Cameron et al., 2014). Another Canadian study of 11 fathers with current or past involvement with the child protection system revealed that these men felt they were not treated with respect by workers, were assumed to be 'bad' dads, and had to go to great lengths to prove they could be trusted to care for their children (Dominelli et al., 2011). Similar themes were found in two recent studies of homeless fathers in Australia (Barker et al., 2011; Bui & Graham, 2006). For example, a participant in the study of Barker and colleagues (2011) noted that, "because I wasn't a woman I could get no help and I was always the bad person for some reason" (p. 55). Another father from the Bui and Graham (2006) study stated that, "because I am a bloke, I had to prove I can

look after him. I know I am a good father….But I am being questioned by authority constantly about my availability and ability to look after my children" (p. 36).

In summary, there is a broad base of international research revealing lower levels of engagement with, and support of, fathers in child welfare practice, compared to mothers. Although many studies are largely qualitative and involve small sample sizes, there is overall consistency in the findings, regardless of the country where the study was conducted and whether the research participants were child welfare practitioners or fathers.

Research has also Overlooked Fathers in Child Welfare Families

Mirroring this lack of attention to fathers in child welfare practice, little research has been conducted on the role of fathers in families with child protection issues (Lamb, 2001; Lee et al., 2009; Strega et al., 2008). There is need for more research examining the influence of fathers in cases of physical child abuse and neglect as little is known about their role, responsibilities, problems, needs and strengths (Daniel & Taylor, 2006; Lee et al., 2009; Risley-Curtiss & Heffernan, 2003). Although it is recognised that fathers are the perpetrators of child physical abuse in approximately as many cases as mothers, and are responsible for some cases of neglect, the existing knowledge about the predictors of child physical abuse and neglect is based almost exclusively on research with mothers (Schaeffer et al., 2005).

Several literature reviews have highlighted this focus on mothers in child maltreatment research. For instance, a review of child maltreatment research across a 22-year period that found mothers were significantly more likely than fathers to be included in child physical abuse literature (Behl, Conyngham, & May, 2003). Another more recent review of research on fathers' involvement in programmes for the prevention of child maltreatment found that few studies included fathers, and in those that did include fathers, men represented only a small percentage of participants (T. K. Smith, Duggan, Bair-

Merritt, & Cox, 2012). Due to the small numbers of fathers in these studies, results were

not presented separately for mothers compared to fathers, and therefore it is unknown to

what extent fathers benefited from these programmes (T. K. Smith et al., 2012). Similarly,

a review of studies of home visiting programs found that otherwise well-designed and

well-executed scientific studies failed to address the engagement of fathers and fathers'

parenting outcomes (Duggan et al., 2004). Finally, Shapiro and Krysik (2010) searched

five social work journals and one family focused interdisciplinary journal to examine the

prevalence of recent research on fathers. They found that only 24% of the family focused

articles included father variables, compared to 53% that examined mother variables. Only

12.5% of studies actually included fathers as participants in the research.

Use of the gender neutral terms 'parents', 'families' and 'caregivers' in research

further obscures knowledge about fathers (Fletcher, Freeman, & Matthey, 2011). Some

studies use these terms to describe participants when in fact the research primarily or

exclusively involved mothers (Daniel & Taylor, 1999; Risley-Curtiss & Heffernan, 2003;

Strega et al., 2008). For instance, in Shapiro and Krysik's (2010) review of six journals,

43% of the articles did not state if the terms 'caregivers' or 'parents' referred to mothers

exclusively, or some combination of fathers and mothers, or other caregivers. Likewise,

even though the Triple P parenting program is reported within the literature as being

effective for 'parents', the underpinning studies used data primarily from mothers (Fletcher

et al., 2011). Of 28 randomised studies of Triple P, only 20% of participants were fathers

and in one third of the studies the number of fathers recruited was not given. Only

approximately a third of these Triple P studies reported separate information for mothers

and fathers (Fletcher et al., 2011). Similarly, in a narrative review of research from 2000

to 2012 on factors that hinder and facilitate improved engagement with fathers in child

welfare services, many papers could not be included as it was not clear whether data

related to fathers as opposed to 'parents' or 'mothers' (Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012).

Clearly, to advance the understanding of fathers in child welfare families, fathers need to be included as participants in research in the same numbers as mothers, and their outcomes need to be reported separately from mothers. However, since fewer fathers are involved in services and interventions than mothers, the smaller numbers of men as study participants may be inevitable until this imbalance in child welfare practice is rectified (see Figure 2).
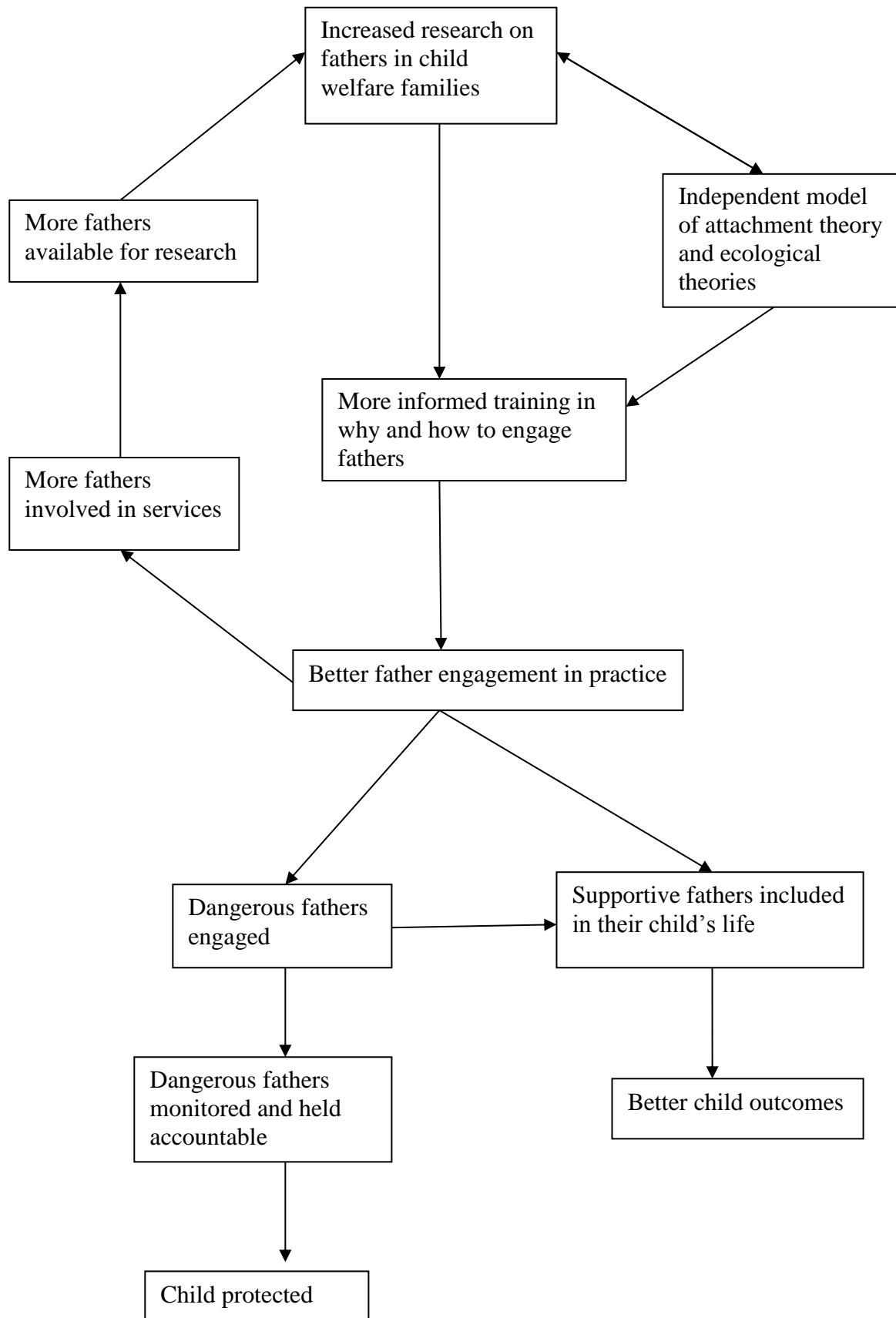
Figure 2. The relationship between research, theory, improved father engagement and child outcomes.

Reasons Why Fathers have been Overlooked in Practice and Research

Why have fathers been relatively overlooked, compared to mothers, in child welfare practice and research across the Western world? There are a number of valid reasons, both from theory and practice, why services and research have focused predominantly on mothers.

Traditional Attachment Theory

According to Risley-Curtiss and Heffernan (2003), the belief that a child's mother is the main influence on a child's well-being is widespread in Western society. This focus on mothering as the most important ingredient to a child's well-being can be traced back to John Bowlby's highly influential attachment theory (Bowlby, 1969, 1973, 1980; Daniel & Taylor, 2006; Milner, 1993; O'Hagan, 1997). According to traditional attachment theory, the mother is a child's primary attachment figure. A child's life-long emotional adjustment and relational success depends on the mother providing the child with a secure base from which to explore the world (Bowlby, 1988). According to Bowlby's original theory, fathers are theorised to be secondary attachment figures and therefore less influential than mothers on the child's developing schemas of the self and others. Hence attachment theory research has concentrated on the mother child relationship for decades (Caldera, 2004).

Practical Difficulties Working with Fathers

In addition to the pervasive belief that mothers are the main influence in children's lives and that fathers only play a secondary role, there are other reasons why fathers have been comparatively overlooked. In particular, there are numerous practical difficulties workers face when trying to engage men in child welfare families. These include complicated family compositions, mothers limiting workers' access to fathers, fathers being more difficult clients, and workers' feelings of fear and inadequate training in how to engage men.

Complexities of Modern Child Welfare Families. It is well documented that single mother families are over-represented in child protection investigations, with research suggesting they comprise over 73% of child protection families (O'Hagan, 1997; Strega et al., 2008). This is not to say that single motherhood as a family structure causes higher incidents of child maltreatment since there is evidence that other related factors, such as reduced economic and social resources, best explain this association (Lamb, 2012a). The high prevalence of single mother households involved in child welfare has led to the assumption that children in these families do not have a father involved in their life (Bellamy, 2009; Dubowitz, 2009). However, 72-88% of children at risk of maltreatment do have a father or father figure involved in their life (Bellamy, 2009; Lee et al., 2009), and 60% of single mothers in child protection families have male partners living with them for varying amounts of time (O'Hagan, 1997). Although most, but not all, children in single mother child protection families do have some father figure involved in their life, many of these family compositions are complex. Each child may have a different biological father. Furthermore, the mother may have a boyfriend either living in the house or visiting frequently (Daniel & Taylor, 2006). It might be difficult for a caseworker to know if the mother's boyfriend is a stable father figure or a temporary, peripheral figure (Daniel & Taylor, 1999). Alternatively, the biological father may never have had a meaningful relationship with the mother or child, and to include the father would be inappropriate (O'Donnell et al., 2005). Therefore, each family may have no father involvement, or have multiple biological fathers and father figures, with levels of family engagement ranging from minimal involvement to full parental involvement (O'Donnell et al., 2005). It is important to note that this diversity and complexity in fathering roles in not unique to child welfare families but is becoming increasingly typical of modern Western families (Baxter, Edwards, & Maguire, 2012; Waldfogel, Craigie, & Brooks-Gunn, 2010). In fact, the vast majority of families in the industrialised world are not "traditional" (i.e.

consisting of a bread-winning father married to a stay-at-home mother) (Lamb, 2012a). In addition, some women choose to parent without any male involvement even before the birth of their child (Golombok & Badger, 2010). This diversity in family types presents a definite challenge for workers as there may be more than one father or male who should be engaged, and the amount of influence each man has on family dynamics needs to be determined case by case, or there may never have been a father involved in a child's life.

Mothers as gatekeepers of access to fathers. In addition to the complicated nature of the family composition, mothers often act as gatekeepers of worker access to a child's father (Maxwell, Scourfield, Holland, Featherstone, & Lee, 2012). Many single mothers withhold the father's name or contact details, or else provide a false name (O'Donnell et al., 2005). Nearly three quarters of 1,203 caseworkers surveyed in one US state said that birth mothers are reluctant to give social service workers information about the child's father (Huebner et al., 2008). Mothers may deliberately refuse to divulge the identity of a child's father for fear of losing social benefits or because they do not want the biological father involved in their child's life (L. Brown, Callahan, et al., 2009; Huebner et al., 2008; Scourfield, 2001; Strega et al., 2008). Mothers' resistance to paternal involvement was also reported in a study of a home visiting program for 643 at-risk families in Hawaii (Duggan et al., 2004). In some cases, however, mothers honestly do not know the identity of the father (Huebner et al., 2008).

Fathers can be difficult clients. The attitudes and behaviours of fathers themselves often present an additional challenge to workers. In focus group discussions with 34 direct service staff in the US, staff mentioned that many men actively avoided contact with them and treated them with suspicion. Workers said that fathers are more easily frustrated and resent having to "jump through the hoops" if they do not feel responsible for their child's maltreatment. Some female caseworkers felt that fathers resented or disparaged them because they were young women (O'Donnell et al., 2005).

Others have noted that some men in child protection families have hostile, threatening demeanours (Scourfield, 2006). In a study of 1,222 caseworkers, only 50% of contacted fathers expressed an interest in having their child live with them. Other issues that prevented placement with fathers included 58% of contacted fathers having drug or alcohol abuse problems, 50% of fathers being involved in the criminal justice system, and only 23% of fathers complying with the services offered them (Malm et al., 2006).

In addition, fathers are less inclined to participate in services, interventions and research. Many fathers believe services and programs are designed for mothers and do not address the fathering role or their needs (Dubowitz, 2009; O'Donnell et al., 2005). For example, in a study of outreach efforts to birthparents of 143 children in out-of-home care, birthfathers did not respond to outreach attempts by caseworkers to the same degree as birthmothers (Franck, 2001). Clinicians were not successful in engaging fathers in a home visiting program for at-risk families of newborns, even though more than two thirds of families were targeted at least in part due to father risk factors (Duggan et al., 2004). In a survey of 1,203 caseworkers, it was reported that 78% of fathers were referred to parenting classes, but only 25% attended. Similarly, caseworkers reported referring 84% of fathers to drug and alcohol support, yet only 13% availed themselves of this service (Huebner et al., 2008). Further, fathers are typically more difficult than mothers to recruit for research, especially those with low incomes (Asla, de Paúl, & Pérez-Albéniz, 2011; Bradley, Shears, Roggman, & Tamis-LeMonda, 2006; Haskett, Smith Scott, Grant, Ward, & Robinson, 2003). In fact, the Three City Study in 2006 was forced to discontinue its father study component due to poor response rates (Bradley et al., 2006).

Worker fears and lack of training. As well as being more difficult clients in general, workers may also fear fathers (Brandon et al., 2008). According to Milner (1993) it is common for social workers to be afraid of violent men, yet this fear is frequently not addressed within social work. Given that a high proportion of men in child welfare

families have substance abuse issues, a criminal record and have been accused and possibly convicted of violence, there are valid reasons for such fear (O'Hagan, 1997). It is also sensible and necessary for workers to avoid drunken or abusive men (O'Hagan, 1997). However, due to the high proportion of men they work with who are abusive, workers can generalise their experiences and become hostile and distrustful of all men (O'Hagan, 1997). Indeed, fathers are sometimes labelled as dangerous without a worker ever having met them (Maxwell, Scourfield, Featherstone, et al., 2012). This fear of attack or intimidation can induce social workers, male workers included, to avoid male clients (O'Hagan, 1997).

Related to this fear, most service workers are not trained to work with men, especially not men with mental health, substance abuse or violence issues, and consequently tend to avoid them (L. Brown, Callahan, et al., 2009). Workers have indicated that they particularly desire adequate training in techniques and methods that are effective in dealing with dangerous, aggressive men (Maxwell, Scourfield, Holland, et al., 2012; Perez-Albeniz & de Paul, 2004; Scourfield et al., 2012). However, in a survey of 32 undergraduate social work programmes in Canada, fewer than 5% of courses contained content related to fathers in any way (L. Brown, Callahan, et al., 2009). In one US study, caseworkers acknowledged their need for training in how to engage fathers and address father specific issues (Huebner et al., 2008). In another US study, home visitors reported they did not feel competent to deal with fathers (Duggan et al., 2004). According to Scourfield (2006), teaching the skills and knowledge needed for engaging men is not recognised as a core learning need for child protection staff in the UK. Therefore, feelings of fear and inadequate training all contribute to workers' avoidance of men.

In summary, fathers have been overlooked in child welfare practice and research due to a variety of reasons, including the influence of Bowlby's traditional attachment theory, the complexities of modern welfare family composition, mothers' frequent unwillingness to divulge details of their child's father, challenging behaviours from fathers

themselves, and practitioner fears of personal safety and lack of training in father engagement.

Why it is Necessary to Include Fathers in Practice and Research

If mothers are children's primary attachment figure and the main influence in their life, as purported by traditional attachment theory, and it is time consuming and difficult to engage fathers in child welfare families, then the most pertinent question remains, is the effort required to engage fathers truly warranted?

Revised Attachment Theory

One reason why it is necessary to comprehensively include fathers in practice (and research) is because the ubiquitous belief that mothers are children's primary attachment figure has been seriously challenged in recent years. Recent theory and research within the field of developmental psychology indicates that attachment theory is evolving and heading in new theoretical directions (Newland & Coyl, 2010). For instance, Newland and Coyl (2010) note that Sir Richard Bowlby, son of John Bowlby, acknowledged in a recent interview that his father only recognised the role of fathers late in his career and that his father's intense focus on mothers has distorted cultural values. Sir Richard Bowlby has stated that he would like to change the place of fathers within attachment theory by proposing that in families where children are raised by a mother and a father, both parents are primary attachment figures, but with different, yet overlapping, attachment roles. According to Richard Bowlby, both mothers and fathers are equally significant to the child, with the main attachment role of the mother being to provide love and security, and the main attachment role of the father being to encourage exploration (Newland & Coyl, 2010). It should be noted that attachment theory assumes children will be cared for by both a mother and a father. However, as discussed previously, modern families in industrialised countries are very diverse, and how attachment theory applies to the many different family types is outside the scope of this paper. What should be acknowledged,

though, is that there is a substantial amount of research evidence that it is the quality of the child-parent relationship, the quality of the relationships between parents and significant others, and the availability of economic and social resources, that best predict children's socio-emotional adjustment, regardless of family type (Lamb, 2012a).

Others besides Richard Bowlby have proposed that fathers tend to fulfil the attachment role of encouraging exploration to a greater extent than mothers. Grossman et al. (2002) have suggested that, in general, fathers provide children with a companion and protector to feel secure exploring, whereas mothers are more inclined to provide comfort when a child is in distress. Paquette and Bigras (2010) have suggested that it is more the role of fathers to develop a child's exploration system by opening children to the outside world, encouraging risk-taking, exploration, and standing up for themselves. How do fathers fulfil this exploration attachment role? It has been proposed that, in the West at least, physical play is central to fathers' attachment relationship with their child and that the exploration behavioural system of attachment theory is developed primarily through physical play (John & Halliburton, 2010; Paquette & Bigras, 2010). Although both mothers and fathers provide both comfort and play, fathers spend a larger proportion of their time with children playing than caregiving, and fathers' play is more vigorous and more risky than mothers' play (Dumont & Paquette, 2012; Grossmann et al., 2002). Fathers tend to stimulate and excite, whereas mothers tend to calm and comfort (Paquette, 2004). Even fathers who are principal caregivers engage in more play than mothers (Lamb, 2002, as cited in Paquette, 2004). There is some recent preliminary research, however, suggesting it is the quality of father-child play, not the play itself, that is associated with positive child outcomes. For play to be beneficial for children, fathers need to express enjoyment during the interaction, and be good natured and affirming with their children (Fletcher, StGeorge, & Freeman, 2012).

Empirical evidence for these differences in mother and father interaction with their children has been found in recent research. For example, in a study of 18 preschoolers and their parents, mothers tended to guide, teach and engage in empathic conversations with their children, whereas fathers tended to engage in more physical play, behave like playmates and challenge their children (John, Halliburton, & Humphrey, 2012). In interviews with 41 couples of primary school aged children, the majority of parents said their children first sought their mother for comfort. Fathers more often provided verbal reassurance of safety (Coyl-Shepherd & Newland, 2012). A study of 199 families in the US and Taiwan found that fathers reported greater involvement in physical play/exploration and outdoor games and sports than mothers. In addition, the primary school aged children in these families described their fathers as strong protectors and active and challenging playmates. They described their mothers more as loving, affectionate and safe (Newland et al., 2012). Finally, results from a recent large scale, nationally representative study of children and families in Australia, the Longitudinal Study of Australian Children (LSAC) revealed significant differences between fathers' and mothers' parenting styles. In particular, fathers reported less warmth and less overprotection than mothers (Baxter & Smart, 2010).

Also supporting the theory of different but complementary attachment roles in two-parent heterosexual families, research has demonstrated that, in contrast to mothers, children attach to fathers more through play than comfort seeking. For example, a study of 102 preschoolers found that rough housing play was a unique predictor of father-child attachment security, after controlling for father sensitivity and parenting consistency (Newland, Coyl, & Freeman, 2008). In a longitudinal study of 44 families, fathers' sensitive and challenging play with their 2 year old, and not the child's comfort seeking behaviour, was a strong predictor of the child's attachment representation at ages 10 and 16 (Grossmann et al., 2002). In contrast, infant comfort seeking behaviours with their

mothers, but not the mothers' challenging play, predicted a child's attachment representation at ages 6 and 10 (Grossmann et al., 2002). A study of 53 father child dyads showed that children's socio-emotional development at 30-36 months was predicted by the earlier activation and exploration relationship between father and child, but not the comfort seeking relationship between father and child (Dumont & Paquette, 2012). Another recent study found that the father-child activation relationship, as observed in the home of 127 families, was associated with lower levels of children's behaviour dysregulation and higher levels of child sociability one year later (Stevenson & Crnic, 2012). Similarly, a study of 274 fathers or father figures of 8-11 year old children in the US and Taiwan found that children's higher scores on a scale that measured the extent that a parent encouraged trying new things, taking risks and rough-and-tumble play, were associated with higher self-esteem, self-reliance and good interpersonal skills (Newland, Coyl, & Hui-Hua, 2010). In another recent study, fathers from 45 families who reported that they valued play interactions had preschool children who were rated by their teachers as having fewer internalising behaviour problems than those who did not value play interactions. This association was not found for mothers (Dubeau, Coutu, & Lavigueur, 2012).

Other research indicates that rough physical and even frightening play has different effects on child outcomes depending if it is initiated by the mother or the father. This difference was evident in a study of 62 infants which found that physical play significantly related to infant displays of pleasure only if playing with their father. Physical play with mothers was not as enjoyable for infants and sometimes upset them (Volling, McElwain, Notaro, & Herrera, 2002). A longitudinal study of 125 families found that more than 40% of fathers engaged in frightening behaviours with their infants, which was significantly more than mothers. When frightening behaviours (e.g. suddenly grabbing their leg or roaring at them) were performed by mothers they predicted children's internalising problems years later and this association was not mitigated by sensitive caregiving. In

contrast, fathers' insensitivity to their infant, not their frightening behaviours, related to attention problems at age 7 (Hazena, McFarland, Jacobvitz, & Boyd-Soisson, 2010).

Since there is evidence that fathers in two-parent heterosexual families in general interact with their children differently to mothers and that rough, even frightening, physical play fulfils a unique role in developing the father-child attachment relationship and encouraging exploration, it is plausible that fathers' involvement with their children differentially predicts child outcomes (Hazena et al., 2010). Evidence from recent studies involving a range of countries and children of different ages supports this presumption. For example, a Portuguese study of 35 families found that children more securely attached to their father at age 2-3, were significantly more likely to have more peer friendships in preschool at age 4-5, even when attachment to the mother was controlled. In contrast, the correlation between attachment security to the mother and number of reciprocal friendships did not reach significance (Veríssimo et al., 2009). A study of 122 8-12 year olds in France indicated that a child's perceived quality of their relationship with their father was the only significant predictor of both academic self-concept and grade point average in language mastery, after controlling for child sex, age and general cognitive performance. Attachment to their mother was not correlated with language mastery (Bacro, 2012). A study of 1,289 Taiwanese 13 and 14 year olds found that paternal attachment had a more substantial influence on depressive symptoms than maternal attachment, whereas maternal attachment was more influential in predicting family support for girls than paternal attachment (Liu, 2008). A study of 552 primary school children in Belgium found that paternal positive affection had a greater influence than maternal factors on children's emotional symptoms. For peer problems and prosocial behaviour, however, maternal factors explained more of the variance in the models (Michiels, Grietens, Onghena, & Kuppens, 2010). Differential effects of mothers and fathers on child outcomes have been found in additional studies in Finland (Kouvo & Silvén, 2010), Argentina(Richaud de

Minzi, 2010), Spain (Gallarin & Alonso-Arbiol, 2012), Canada (Desjardins & Leadbeater, 2011), The Netherlands (Hoeve, Dubas, Gerris, van der Laan, & Smeenk, 2011) and the US (Cowan, Cohn, Cowan, & Pearson, 1996). In fact, only one study was found where there were no independent effects of attachment to the father (Kamkar, Doyle, & Markiewicz, 2012).

Overall, these recent studies provide evidence against the hierarchical model of attachment theory which posits that infants attach first and foremost to their mother, and that maternal attachment security then influences attachment security of all subsequent relationships (Lamb, 2012b). Maternal attachment has not been found to be the best predictor of social and emotional child adjustment measures. Instead, the studies discussed previously, and many others, support the independent model of attachment theory which posits that each attachment relationship is independent both in quality and its developmental influence (Liu, 2008). Illustrating this point, a study of 203 adolescents in Israel showed that adolescents securely attached to both parents reported significantly better socio-emotional adjustment than those attached to their mother only. In fact, those adolescents attached to their mothers only had significantly poorer adjustment than those attached to both parents, and were not significantly better adjusted than those insecurely attached to both parents (Al-Yagon, 2011). Similarly, a US study of 126, 6 to 11 year olds found that greater attachment security with both parents was associated with greater teacher-rated and self-rated competence than children securely attached to one parent only, regardless of which parent (Diener, Isabella, & Behunin, 2008). A study of 2,722 adolescents in the UK found the unique effect of father involvement carried more weight than mother involvement for self-reported happiness (Flouri & Buchanan, 2003). A longitudinal study of 87 children found that children who had been securely attached to at least one parent, whether mother or father, at 15 months old were rated by their teachers as having fewer behavioural problems than those who had not been attached to either parent

(Kochanska & Kim, 2012). The researchers of this study commented that in their many statistical analyses they failed to find evidence of the primacy of the mother. Finally, the large-scale and nationally representative study of Australian families (LSAC) has shown that most measures of fathering were independently associated with children's socio-emotional and learning outcomes, after taking into account the contribution of mothers (Baxter & Smart, 2010).

In summary, recent advances in attachment theory propose that fathers and mothers in two-parent heterosexual families are both primary attachment figures for their children but with different, yet overlapping, attachment roles. The main attachment role of mothers is to provide comfort and security and the main role of fathers is to encourage exploration of the wider world. These different roles are fulfilled though different parenting behaviour foci, with physical play being uniquely important in developing father-child attachment and the exploration behaviour attachment system (Paquette & Bigras, 2010). In addition, recent research has demonstrated that attachment to fathers compared to attachment to mothers differentially, but equally strongly, predicts child outcomes. This new theoretical direction supported by recent research highlights the critical role fathers play in the lives of their children.

Ecological Theory of Child Maltreatment

In addition to recent advances in attachment theory, ecological models of child maltreatment are important for understanding the multiple influences in children's lives (Guterman & Lee, 2005). Within child abuse and neglect research, the ecological framework for understanding child maltreatment first suggested by Bronfenbrenner (1979) and then applied to child maltreatment by Belsky (1980, 1993) has been widely accepted (Dubowitz, 2006, 2009). According to this theory, multiple factors contribute to child maltreatment, including the characteristics of each parent, the child's characteristics, and the broader context, such as quality of the marital relationship and parents' employment

(Lee et al., 2008). Belsky's model suggests that fathers influence child outcomes both directly and indirectly. The mental health of a father, for example, can directly affect his parenting behaviours towards his child, whereas the father's support of the mother's parenting can indirectly affect a child (Duggan et al., 2004). Ecological models highlight the need to consider the wider family context and engage with all adults in a child's life, whether mother, biological father or mother's partner, as each of these people can directly and indirectly influence the well-being of a child (Duggan et al., 2004). Therefore, the use of ecological models of child maltreatment is important for research and informing appropriate practice (Sidebotham & Golding, 2001).

Fathers as Perpetrators and Risk Factors for Child Maltreatment

Apart from theoretical justifications, there are two other important reasons for the greater inclusion of fathers in child welfare practice. Firstly, not engaging fathers increases risks to children. Secondly, not all fathers are harmful and many (if not most) can provide valuable emotional resources for a child that protects them and enhances their well-being (Ferguson, 2012).

Since fathers play a major, not minor, role in children's lives, the effects of poor paternal parenting and abuse can have devastating consequences for children. Excluding sexual abuse, most child abuse and neglect is perpetrated by a child's own parents, both mothers and fathers. One study in the US found that mothers were perpetrators of child abuse and neglect in 57.8% of cases and fathers in 42.2% (Huebner et al., 2008). A Canadian study of 1,110 families with substantiated neglect cases showed that even though mothers are usually held responsible for child neglect, fathers and father figures were present in the majority (72%) of neglect families (Dufour et al., 2008). Of those who indicated that they had been physically abused before the age of 15 in the Australian Bureau of Statistics (ABS) Personal Safety Survey in 2005, 26% said they were abused by mothers or step mothers and 55.6% by fathers or stepfathers (A Lamont, 2011).

Furthermore, fathers and father figures are over-represented as perpetrators of severe physical abuse. In 600 cases of the death of an under five year old child due to maltreatment in the US, mothers or mother substitutes were alleged perpetrators in 20.5% of cases whereas fathers or father substitutes were alleged perpetrators in 45% of cases (Klevens & Leeb, 2010). Approximately 60% of child deaths due to head trauma, shaken baby syndrome or other physical abuse is attributed to men (Klevens & Leeb, 2010).

Although fathers and father figures are known to be at least equally responsible for child maltreatment as mothers, dangerous men tend to be avoided by child welfare services, especially if they are also perpetrators of intimate partner violence (IPV). The co-occurrence of child maltreatment and IPV is well acknowledged. A study of 105 families with alleged child maltreatment in the UK estimated a co-occurrence rate of 41%, with fathers perpetrating violence to both partner and child in 57% of families, and mothers perpetrating violence to both partner and child in 26% of families (Dixon et al., 2007). However, when male IPV and child maltreatment co-occur, mothers tend to be held responsible for keeping their children safe. Protective services tend to avoid violent men, thus failing to hold them accountable and facilitate rehabilitation. For instance, in a review of 13 publications which explore child protection intervention in the context of domestic violence, a common pattern across countries and over time was found (Humphreys & Absler, 2011). The male perpetrators of abuse were frequently not contacted, little to no information about them was recorded in case files, they were largely absent during assessments, and were not included in intervention processes. Women were held accountable for 'failure to protect' and fathers were not held responsible for their behaviour (Humphreys & Absler, 2011). Furthermore, research from the National Survey of Families and Households study of several thousand American families suggests that men who are violent towards their partner parent differently to other fathers. They were

found to engage in harsher parenting (e.g. more spanking, arguing and yelling), rate their children more negatively, and praise them less often (Fox & Benson, 2004).

It is important for child welfare workers to confront and hold responsible domestically violent fathers rather than blaming non-abusing mothers for a failure to protect their children, for a number of reasons (Featherstone & Peckover, 2007; Howe, 2008; S. P. Johnson & Sullivan, 2008; Kopels & Sheridan, 2002; Magen, 1999). Firstly, by failing to confront perpetrators of IPV and the effect it has on the children in the house, and by failing to deliver consequences for their actions, abusive behaviour is implicitly condoned and permitted to continue (S. P. Johnson & Sullivan, 2008). In fact, a multisite evaluation of batterers programs found that compared to men who did not reassault their partners, those who did reassault were those who did not receive negative consequences for their violence (Gondolf, 2002). A second, but related, point is that IPV is usually caused by the belief system of abusive men, not mutual interpersonal conflict, so these men will continue to abuse unless they are forced to reconsider their belief system and pattern of behaviours towards their intimate partners (Bancroft, 2002; Bancroft & Silverman, 2002). Abusive men often continue, and sometimes escalate, their domestic violence after separation and so leaving an abusive partner does not guarantee safety. Abusers also continue their abuse with new partners and continue to father and step-father other children (Bancroft & Silverman, 2002; H. Douglas & Walsh, 2010; Rivett, 2010). Therefore, insisting a mother separates from her partner is an inadequate strategy to protect mothers and children in general (L. Brown, Strega, Dominelli, Walmsley, & Callahan, 2009). Thirdly, it is simply just and fair that the perpetrators of abuse are held responsible for, and bear the consequences of, their behaviour and how it affects their children (and this has criminal justice system implications as well). It is not just and fair to transfer responsibility onto non-abusing mothers by blaming them for a failure to protect their children (S. P. Johnson & Sullivan, 2008; Magen, 1999; Slote et

al., 2005). Usually mothers do their very best to protect their children from domestic violence, but they cannot control their partner's behaviour (S. P. Johnson & Sullivan, 2008; Kopels & Sheridan, 2002; Magen, 1999; Slote et al., 2005). Finally, there is evidence that for some men, receiving consequences for their abusive behaviours and focusing on their role as fathers can act as powerful motivators to change their lives (Featherstone & Peckover, 2007; Fox, Sayers, & Bruce, 2001; Rivett, 2010). It can be a "wake up call" that triggers reflection, remorse, regret and the desire to change and become better fathers (Fox et al., 2001). Therefore, engaging with domestically violent fathers and holding them fully responsible for their behaviour and its effect on their children will provide better outcomes for children and mothers, and can potentially benefit the abusive fathers themselves (H. Douglas & Walsh, 2010; Featherstone & Peckover, 2007; Fox et al., 2001).

In addition to the increased risk associated with IPV, the presence of a non-biological father figure in the home can also increase the risk of child abuse. This was demonstrated in a longitudinal study of at risk children in the US, where children who had a non-biological father living in the home were twice as likely to be reported for maltreatment after his entry into the home as those with a biological father or no father figure in the home. Across the eight years of the study, households with a non-biological male partner had the highest prevalence of maltreatment reports, controlling for race, mother's education, maternal depression and number of siblings in the home (Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001). More recently, a study of 2,297 families from the Fragile Families longitudinal study in the US also found that families with the highest risk of child protection involvement were those where a man who was not the biological father of any of the children lived with the mother, after controlling for both mother and father characteristics. Even though social selection was found to play a part in this relationship, the association remained significant even when mother selection

factors were controlled for (Berger et al., 2009). Using data from a study of 3,978 families in contact with the US child welfare system, Bellamy (2009) found that children who lived with an adult male who was not the child's biological, step or adoptive father, were the most likely to enter out-of-home care, even after controlling for demographics and family violence-related covariates. Another study investigating approximately 600 substantiated incidents of child maltreatment found that if the father figure was not the biological father of all children in the family, the risk that child maltreatment would re-occur increased by approximately 66% (Coohey, 2006). Using the same cases of child maltreatment, a separate study found that when the mother's partner was not the biological father of all her children, or if he had drug or alcohol or mental health issues, the family was more likely to have a persistent or chronic problem with supervisory neglect (Coohey & Zhang, 2006). Finally, of the 26 cases of fatal child abuse perpetrated by fathers in the Murder in Britain study, 62% of these men were non-biological fathers (Cavanagh et al., 2007). Therefore, even though there is a tendency for child welfare workers to consider biological fathers the only men relevant to their cases (Fleming, 2010), there is evidence that the mothers' current partner may pose a risk to children and hence also needs to be comprehensively included in child welfare practice.

It should also be noted that in comparative studies of abusive mothers and fathers, gender differences in the factors related to their abusive behaviour were found in 67% of cases (Schaeffer et al., 2005). Specifically, abusive and at risk fathers and father figures have more rigid expectations of children and have more difficulty taking the perspectives of others compared to abusive and at risk mothers (Perez-Albeniz & de Paul, 2004; Pittman & Buckley, 2006). A study of 124 filicide perpetrators in Austria and Finland found the breakdown of the intimate partner relationship was a major risk factor for fathers but not for mothers (Putkonen et al., 2011). Other studies have also highlighted common characteristics of men who abuse and even kill their children. These include problems in

childhood, minimal education, persistent unemployment, criminal convictions, a history of violence, unreasonable expectations of children and low tolerance of normal childhood behaviour, jealousy and resentment towards the child victim, the belief that they have a right to attention from their partner and silence from the child, and a strong sense of entitlement (Cavanagh et al., 2007; Dixon et al., 2007; Francis & Wolfe, 2008; Putkonen et al., 2011).

Overall, the evidence suggests that avoiding biological fathers and mothers' partners who are suspected perpetrators of IPV, or who display the above risk factors, places children at considerable risk (L. Brown, Callahan, et al., 2009). It is no exaggeration to say that children sometimes die when fathers are overlooked by child protection services. One specific example is the case of Sukina Hammond in the UK who was killed by her father. There had been eight case conferences over a period of three years, attended by 54 professionals. Although there were hundreds of reports, there was no information about the character or violent history of her father (O'Hagan, 1997). Hence, to adequately protect children it is just as important to identify, engage, understand and intervene with all the relevant father figures in a child's life, as well as with mothers (Cavanagh et al., 2007; Klevens & Leeb, 2010).

In addition to perpetrating child maltreatment, fathers and father figures can have negative influences on their children through substance abuse and mental health issues. For instance, a study of 3,027 families from the Fragile Families study found that the negative effect of a father's substance abuse on child outcomes was not significantly less than that of mothers, even when non-resident fathers were included (Osborne & Berger, 2009). In fact, 86% of families with paternal substance abuse issues did not have a resident father, and yet children with a substance abusing father had more reported aggression, ODD and ADHD (Osborne & Berger, 2009). A large longitudinal study of 14,138 children living in the UK demonstrated that paternal depression significantly

increases the risk of child maltreatment (Sidebotham & Golding, 2001). Similarly, using data from interviews with 1,773 fathers as part of the Fragile Families study, it was found that depressed fathers were approximately three times more likely to report having spanked their one year old infant in the last month compared to non-depressed fathers (Davis, Davis, Freed, & Clark, 2011). In addition, the recent World Mental Health survey of 51,507 people from nationally representative samples in 22 countries, found the influence of father's mental health on offspring lifetime psychopathology was not significantly different to mothers' influence and was found across country, culture and class (McLaughlin et al., 2012). Furthermore, data from the LSAC study of Australian families found that fathers' poor mental health was strongly related to children's negative socio-emotional outcomes, via decreased positive and increased negative parenting behaviours (Baxter & Smart, 2010).

In summary, there is international evidence suggesting that fathers and father figures are at least as responsible for child maltreatment and for negatively influencing their children as are mothers, even though mothers are normally the primary care giver and fathers frequently live elsewhere.

Fathers as Assets and Protective Factors

Even though fathers can harm their children, just like mothers, it is important to note that abusive parents are a small minority of the population (Hunter & Price-Robertson, 2012). Specifically, although non-biological father figures pose a statistically increased risk, by far the majority are not perpetrators of child maltreatment (Berger et al., 2009). In fact, there is evidence from the Fragile Families study that involvement by resident father figures is as beneficial for child well-being as involvement by resident biological fathers (Bzostek, 2008). Most fathers and father figures are a positive influence in their child's life, as demonstrated by three decades of research on fathering. This substantial literature has provided evidence of unique and independent associations

between positive father involvement and a wide range of emotional, social and cognitive benefits for children (Flouri, 2005; Lamb, 2001, 2010b). However, most of the earlier studies on the associations between fathering and child outcomes tended to use stable, two-parent, middle-class, participants (Lamb, 2001). This raises the possibility that whilst encouraging fathers to be involved with their children is in the best interests of children from middle-class, stable, low-risk families, it might *not* be in the best interest of children from low SES, unstable, high-risk families. Indeed, this is the implicit assumption underlying much of the avoidance of men by child protection workers (L. Brown, Callahan, et al., 2009). However, little is known about fathers in families at risk of child maltreatment (Shapiro, Krysik, & Pennar, 2011). In particular, there is a paucity of research on fathers in child welfare families who are potential assets to their children and are not identified as violent or unfit to parent (Storhaug & Øien, 2012). There is also little research on fathers' involvement as a protective factor for maternal child abuse (Guterman, Lee, Lee, et al., 2009).

Some recent research, however, has demonstrated that fathers *can* be a protective factor and a resource in the lives of children from high-risk, or even child protection involved, families. The absence of a father from the home has been recognised as a risk factor for child maltreatment (Lamb, 2001; Lee et al., 2009). One estimate is that children in single-parent families have a 77% increased risk of physical abuse and an 87% greater risk of physical neglect (Guterman & Lee, 2005). Father absence has also been associated with economic deprivation, with 34% of single mother headed households living below the poverty line in the US (Guterman & Lee, 2005) and 26.7% of sole-parent families living in poverty in Australia (Hunter & Price-Robertson, 2012). Also noteworthy, a longitudinal study of 14,138 children in the UK found that one of six factors that predicted if a mother had a child registered with child protection was her own father being absent during her childhood (Sidebotham & Golding, 2001). This suggests that the presence of the father in

the home may possibly have intergenerational protective benefits (Sidebotham & Golding, 2001).

Other studies have shown that the presence of involved, supportive fathers or father figures in the lives of at-risk and child protection children can reduce the risks of child maltreatment. For example, using data from a sample of 3,978 families in contact with the US child welfare system, Bellamy (2009) found that children who had contact with a noncustodial parent, most often their father, were 46% less likely to enter out-of-home care, even after controlling for demographics and family violence-related covariates. Another study based on data from 2,297 families in the Fragile Families study found that families where the mother was living with the biological father of all her children self-reported the lowest rate of child protection services involvement compared to all other family types, even after controlling for a range of mother selection factors and father characteristics and behaviours (Berger et al., 2009). Additional research using the data of 1,480 families from the Fragile Families study found an association between positive father involvement with a child and lower maternal child physical abuse risk, as measured by mothers' self-reported spanking and physical aggression scales (Guterman, Lee, Lee, et al., 2009).

In addition to mitigating risk, fathers from at risk and child welfare families can enhance their children's lives. For example, a study of 855 high risk children from a longitudinal study on the long-term effects of maltreatment on children's health and development in the US (LONGSCAN), found that children who reported having a father figure in their life had higher cognitive scores and better perceived competence and social acceptance, compared to those children without a father figure. Even after controlling for site, welfare benefits and maternal education, a significant association was found between greater perceived father figure support and greater perceived competence and social acceptance and fewer depressive symptoms. These associations did not differ by race,

gender of child or whether or not the father figure was the child's biological father (Dubowitz et al., 2001). Using a subset of 182 families with child welfare cases from the LONGSCAN study, the presence of an adult male in some form of father-like relationship with the child was associated with lower levels of aggression and a 35-50% lower depression score than children without a father figure. After controlling for child's gender, mother's ethnicity, number of referrals to child protection services and the presence of domestic violence, the direct effect of fathers and father figures was no longer significant but remained a significant interaction term in the multivariate models, along with ethnicity and religious affiliation (D. Marshall et al., 2001). Using a different subset of 285 children from the LONGSCAN study, it was found that the most important predictor of permanent placement stability for children removed from their homes and not adopted was the presence of a maximally involved father figure (Proctor et al., 2011). Similarly, interviews with 1,222 caseworkers in the US indicated that foster children with non-resident fathers who provided financial and nonfinancial support were more than two times as likely to have a reunification outcome than children whose father provided no support (Malm & Zielewski, 2009). In addition, a recent study of 60 randomly selected foster care case records revealed that children with fathers who complied with the case plan were in foster care for less than half the length of time of children whose father did not comply (Coakley, 2012). The study also found that children whose fathers complied with the case plans were more often placed with a parent or relative after foster care.

Overall, there are compelling reasons why all father and father figures in a child's life should be as involved in child welfare services and interventions as are mothers. The independent model of attachment theory posits that both mothers and fathers in two-parent heterosexual families are primary attachment figures who have overlapping, yet distinct, attachment roles. Research findings substantiate the independent and equally strong association between fathering and child outcomes. The ecological theory of child

maltreatment highlights the need to involve all adults significant in a child's life. This theory is supported by research demonstrating that fathers can be as much a risk factor in the life of a vulnerable child as the mother, regardless of biological relatedness and coresidence. However, research has also provided evidence that involved, supportive fathers and father figures can be resources and assets to children in at risk and child protection families, whether living in the same household or not. In short, fathers can exert as much influence as mothers on their children's well-being.

Implications

Implications for Practice

Having now reviewed research showing that fathers are relatively overlooked in child welfare practice and research compared to mothers and the reasons why, and having also reviewed theories and research evidence demonstrating the equally important influence of fathers, both as potential risks and resources for vulnerable children, what are the implications for practice? The first and most obvious implication is that fathers should be included as 'core business' in all child welfare services and research along with mothers (Scourfield, 2006). All father figures in a child's life should be included in the assessment of risk, the assessment of resources, and interventions and services. This includes non-resident biological fathers and mothers' romantic partners. The second implication for practice is that all workers in the child welfare industry should receive adequate training in why and how to engage fathers. Finally, more research on fathers in child welfare families is needed in order to inform policy and practice. Research plays a pivotal role in the advancement of father engagement and hence the improvement of child outcomes, as illustrated in Figure 2.

Assessment of risk. As noted previously, fathers and father figures can be perpetrators of child maltreatment as often as mothers. Therefore, to accurately assess risk it is essential to engage with all the father figures in a child's life, whether or not they are

biologically related to the child, whether or not they currently reside with the child, and whether or not the mother wants them involved. Direct contact should be made with these men rather than just accepting the mother's opinion as fact (Daniel & Taylor, 1999). Since the presence of non-biological father figures in the home can increase the risk of child maltreatment, it is important not to overlook the mother's resident romantic partner in assessments and services. Fathers and father figures need to be assessed for a range of risk factors, such as IPV, a history of violence, substance abuse, and depression. As the composition of at risk families can be complex and include a number of father figures, agencies need to recognise the additional time and resources required to identify, contact and engage with all the relevant men in a vulnerable child's life.

Assessment of resources. In addition to assessing fathers for risk factors, it is also important to assess fathers for their positive contributions to the well-being of their child (Dubowitz, 2009). Assessing fathers as potential resources as well as risks should become standard practice, unless there is compelling evidence to exclude them, such as documented evidence of past violence (Ferguson & Hogan, 2004). Involved fathers and father figures can serve a protective role in the lives of at risk children and can contribute to positive developmental outcomes. The assumption that fathers in child welfare families are absent or unimportant needs to be challenged, as does the stereotype of such men as dangerous, non-nurturing and incompetent carers (Bellamy, 2009; Dubowitz, 2009; O'Donnell et al., 2005). Instead, each man's ability to parent should be assessed without bias. Furthermore, given there are proven long term socio-emotional and developmental benefits to children from having a close attachment relationship with their father, contact between children and their father should be encouraged, unless there are substantiated safety risks. Fathers should also be included in case plans and non-resident fathers should be routinely considered as placement options for their children requiring out-of-home care.

To operationalise this inclusion of fathers into risk and resource assessments, there should be separate mother and father data collection for all official forms rather than just "parent" information (Milner, 1993). This paperwork should also include details of the mother's partner as well as the biological father, in case they are different. Fathers' information should be routinely included in all social service agencies, including information about risk factors such as substance abuse and violence, and protective factors, such as financial support and child care (Huebner et al., 2008).

Interventions and services. In addition, interventions need to address fathers' issues as well as those of mothers. This is especially important in light of the evidence that fathers parent somewhat differently to mothers and may have a different attachment role focus to that of mothers. Fathers may, therefore, have different needs and issues to those of mothers and father-relevant factors should be examined separately from mothers to guide interventions for fathers (O'Donnell et al., 2005). To give one example, Dubowitz (2006) suggests it is important to understand cultural influences and men's motivations in fathering, as well as their frustrations and their needs. Furthermore, since parenting efficacy has been associated with reduced risk of neglect, building fathers' parenting skills and confidence is very important (Dubowitz et al., 2000). It has been suggested that some fathers may need to be taught more basic parenting knowledge and skills than mothers (O'Donnell, 2005). Other suggestions from the literature are that some fathers may require interventions that teach them how to express their love to their children, as well as inviting and challenging them to be responsible for their children (Ferguson & Hogan, 2004).

As a consequence of the differences between mothers and fathers, there is a need for more father-specific resources and interventions (Saleh, 2012). A narrative review of the literature found that fathers prefer services that have been designed specifically for them (Maxwell, Scourfield, Featherstone, et al., 2012). They also prefer skills-based exercises and activity-based approaches that give them the opportunity to interact with

their children (Maxwell, Scourfield, Featherstone, et al., 2012). Similarly, a study of eight service centres across Australia found that the services that were most successful in engaging fathers were specifically tailored for men, were exclusive to fathers, and catered to men's communication style and preference for activity-based learning (Berlyn, Wise, & Soriano, 2008). There is also evidence that fathers involved in child protection want father support groups where they can share and learn from each other (Berlyn et al., 2008; Huebner et al., 2008). It has been suggested that parenting materials need to be developed specifically for fathers of children in care as they face unique challenges (Franck, 2001). In addition, many men from child welfare families are socially marginalised and struggle with personal issues and therefore need as many services and interventions as mothers (Scourfield, 2006). Assisting fathers heal their own lives and address issues such as substance abuse and depression can bring significant benefits to their children. For example, a pilot study of a program for fathers with alcohol abuse or dependence that combined Behavioural Couple Therapy and Parent Skills significantly reduced the number of open child protection cases in those families at a 12 month follow-up (Lam, Fals-Stewart, & Kelley, 2009). Therefore, there is evidence that father-specific services and interventions for child welfare families need to be developed, rather than simply trying to include fathers in programs and services designed for mothers.

Furthermore, it is important to recognise that some fathers in child welfare families can and do change for the sake of their children, if provided support and effective intervention (Cameron et al., 2014). Although there is a paucity of research on parenting intervention programs for at risk, negligent or abusive fathers, it has been suggested that these men require unique, tailored programs and that traditional parenting programs are not effective (Scott & Crooks, 2004). Even programs designed for at risk parents may need to be adapted to father-only programmes that address father specific issues, since fathers have been found to benefit less from a program designed for both at risk mothers and fathers

(Weymouth & Howe, 2011). Batterers programs designed specifically for fathers, such as Caring Dads (Crooks, Scott, Francis, Kelly, & Reid, 2006; Scott & Lishak, 2012) and Strong Fathers (Pennell, 2012), are a relatively new but very promising development in intervention services (Bancroft & Silverman, 2002; Featherstone, Rivett, & Scourfield, 2007). These programs address men's lack of empathy for their children, their sense of entitlement, and their control-based parenting (Scott & Crooks, 2006). Program participants can be resistant and hostile to begin with and may require multiple attempts at starting a program before they are ready to truly engage with the program and make the necessary changes (Scott & Crooks, 2006). However, there is some preliminary evidence that abuse-prone fathers can become less hostile and angry, and more emotionally available to their children, with the assistance of a well-designed and father-focused intervention program (Scott & Crooks, 2007; Scott & Lishak, 2012). The proposed model in Figure 2 acknowledges the possibility of change with a link from 'dangerous' to 'supportive' father. When trying to decide if a man has genuinely changed and will not reassault after attending a batterers program, it is important to know how to identify genuine change. Bancroft and Silverman (2002) suggest 12 indicators of true change, and they caution against simply accepting a man's claims to have changed. Some key indicators of true change are: Has he taken full responsibility for his actions or is he still blaming others and minimizing or excusing his own behaviours? Does he show empathy for how his abuse has affected his partner and children? Does he accept the consequences of his actions? Can he treat others with respect and respond to conflict in a reasonable way? Does his partner report that his violence and other forms of abuse have stopped? (Bancroft, 2002; Bancroft & Silverman, 2002; Mederos, 2004).

Worker training – why engage fathers? To ensure that fathers are included in all assessments and services, practitioners and workers in the area of child welfare need to be well trained. In training, it is critical that workers understand and appreciate the reasons

why fathers need to be included as 'core business' in their practice (Fleming, 2010). Since men in child welfare families can be difficult clients, the extra time, effort and potential risk required to engage with them needs to be well justified. For this reason, the traditional hierarchical model of attachment theory that presumes the primacy of attachment to the mother needs to be replaced with the more recent independent model of attachment theory, along with ecological models of child maltreatment, that construct fathers as equally important influences in a child's life. Furthermore, findings from research within developmental psychology and the fathering literature that provide evidence of the unique but equally profound effects of father-child attachment and father involvement on child outcomes need to be incorporated into child welfare education.

Worker training – how to engage fathers. Workers should also be informed of the most effective manner in which to engage fathers. For example, it has been suggested that workers who engage 'with' fathers, instead of exercising power over them, are more successful in gaining their cooperation (L. Brown, Callahan, et al., 2009). A recent study found that child welfare workers who fathers considered 'good' were those who treated them with respect rather than condescension, did not make judgements until the men had explained their side of the story, tried to understand the men's negative emotions, did what they said they would do, and genuinely tried to help them (Cameron et al., 2014). In another recent study, child welfare professionals experienced in working with fathers, highlighted the need to use de-escalation techniques, focus discussion on the child, include fathers in decision making, be open, honest and straightforward in communication, acknowledge men's feelings and views, and listen with empathy rather than judgement (Saleh, 2012). The study of Australian services mentioned previously also found that workers who successfully engage with fathers tend to be honest, open, non-judgemental, empathic and respectful (Berlyn et al., 2008). According to Berlyn, et al. (2008), the

cornerstone of successful engagement of fathers is building rapport and a relationship of trust.

The need to treat fathers with respect and understanding and to build a good working relationship with them also applies to fathers and father figures who are perpetrators of IPV (Featherstone et al., 2007; Mederos, 2004; Scott & Crooks, 2006). Being cold and judgmental towards abusers can provoke oppositional behaviour, and being avoidant and fearful can reinforce abusive behaviour (Mederos, 2004). In addition, focusing discussion on the parenting role of fathers and their desire to be a better father can provide a powerful motivator for violent fathers to change (Fox et al., 2001; Mederos, 2004; Scott & Crooks, 2006). Of particular importance when working with abusive men, however, is the need for practitioners to complement a strengths-based approach with assertive practice that does not succumb to intimidation by abusive men (Laird, 2013). Workers need to develop a healthy resilience to aggressive parental behaviour and be confident in exercising their professional authority, rather than avoiding a parent because it is highly stressful to engage with them (Laird, 2013). In addition to aggressive, intimidating behaviour, it is quite characteristic of abusers to be reluctant to fully accept responsibility for their behaviours and blame their partner or external factors instead (Guille, 2004; Mederos, 2004). Attempting to manipulate workers and the system is also fairly common (Mederos, 2004; Scott & Crooks, 2006). Therefore, whilst appealing to men's strengths and assuming they are willing and able to change, it is important to simultaneously hold them accountable for their behaviours, challenge attempts to shift blame, deceive and manipulate others, and enact consequences for continued violence (Bancroft & Silverman, 2002). To ensure the safety of women and children, these men need to be continually monitored by regularly speaking with their partners (Mederos, 2004; Scott & Crooks, 2006). Successfully working with violent fathers is possible, but challenging, because it involves balancing a supportive, caring role with that of an

authority figure (Laird, 2013). It involves recognizing that such men can be eager to be better fathers and open to change, building rapport and focusing on strengths, whilst at the same time constantly assessing risk to children and mothers, challenging and holding accountable (Rivett, 2010).

Finally, in light of contrary evidence, the stereotyping of all fathers in child welfare families as unwilling, uninterested, unimportant, uncaring and unsafe needs to be confronted and challenged (Cameron et al., 2014; Dubowitz, 2009; Milner, 1993). Fathers in child welfare families are often involved even in single-mother households and they can be very influential in their child's life, even if not residing with them (Dubowitz, 2009). Ferguson and Hogan (2004) have suggested that within child welfare training programmes men should be presented as multilayered and complex, and as having the capacity to care for children as well as pose a possible risk. In addition, workers would benefit from being taught to take a proactive approach to engaging fathers by actively including and inviting them, since services targeted at 'parents' tend to attract mothers only (Berlyn et al., 2008; Maxwell, Scourfield, Featherstone, et al., 2012). Finally, but very importantly, the issues of domestic violence and workers' personal safety need to be addressed to reduce some of the fear surrounding working with men (Malm et al., 2006; Milner, 1993).

Implications for Research

In addition to the need to include fathers in child welfare practice, there is a need for more research on fathers in child protection families. Very little is known about fathers and father figures in child protection families and how best to work with them (Franck, 2001). This lack of knowledge seriously limits the quantity and quality of training for workers and therefore also hinders the provision of appropriate services to fathers (Lee et al., 2009). There is also a need for more prevention and intervention studies that specifically target fathers from child protection families (Lee et al., 2009). To better understand the complex relationship between fathers and child maltreatment, more

qualitative studies based on interviews with the fathers themselves should be conducted (Bellamy, 2009; Dubowitz, 2009; Risley-Curtiss & Heffernan, 2003). Although there has been a growing number of qualitative studies recently, research on fathers has often been based on second hand reports from mothers and workers rather than from the men themselves (Bellamy, 2009; Franck, 2001; Guterman & Lee, 2005). Clearly, every effort should be made to include fathers as participants in research on child maltreatment. However, increasing the number of fathers participating in research will continue to be difficult if men are not engaged in services and interventions to the same extent as mothers.

To increase the knowledge base about fathers, mother and father data, such as participant recruitment and outcomes, should always be reported and analysed separately rather than combined under the terms 'parent' or 'caregiver' (Fletcher et al., 2011). In addition, little is known about how to successfully engage fathers in parent training (Lee et al., 2009). Since there is evidence that fathers' roles, needs and problems are distinct from that of mothers, research on interventions and services should not assume the benefits will be the same for mothers and fathers (Fletcher et al., 2011). For example, in a recent meta-analysis of the Triple P parenting program, fathers displayed lower mean effect sizes than mothers in improvement of parenting practice for almost all Triple P formats (Fletcher et al., 2011). Similarly, a meta-analysis of general parent training programmes found that fathers benefit from programmes less than mothers, making fewer changes in their behaviours and perceptions of child rearing (Lundahl, Tollefson, Risser, & Lovejoy, 2008).

In summary, there are no quick and easy answers to the problem of engaging men in child welfare practice and research (Scourfield, 2006). Fathers and father figures need to be routinely included in risk and resource assessments, with detailed information gathered for all father figures in a child's life. Father-specific services and interventions may be the best way to reach and assist fathers in child welfare families. There is also a need to teach child welfare workers the reasons why it is important to include fathers, both

from the perspective of theory and research, and how best to engage fathers so they have

the confidence to do so (O'Hagan, 1997). Although fathers in child welfare families can be

difficult to engage in research as well as services, the effort is essential for the sake of

enhanced training and practice (Dubowitz, 2009). Researchers should 'lead the way' in

how best to engage fathers by informing practitioners of effective techniques and

interventions (Risley-Curtiss & Heffernan, 2003). The proposed model in Figure 2

illustrates the critical role of research in informing training, which leads to improved

practice and engagement with fathers, which in turn benefits children and enhances their

safety.

Conclusion

Although there have been some indications of improvements in engaging fathers in

child welfare practice in recent years, especially by individual workers (e.g. Saleh, 2012;

Coady, 2012; Berlyn et al., 2008), there remains a long way to go before all fathers are

consistently considered 'core business' within child welfare, and are treated with equal

inclusion and value as mothers. For extensive and enduring change to occur, the reasons

why fathers in child welfare families have been avoided and overlooked in the first place

need to be understood and addressed. The ubiquitous traditional theoretical and procedural

focus on the mother-child relationship needs to be replaced with a theoretical

understanding of the importance of fathers in two-parent heterosexual families as posited

in the independent model of attachment theory and ecological theories of child

maltreatment. These models have been supported by a wealth of research. Furthermore,

the many practical difficulties in engaging child welfare fathers, in addition to stereotyped

perceptions and the fear of violent men, must be adequately addressed within worker

training. However, possibly the most important factor to encourage further change in child

welfare practice and research is to promulgate the reasons why it is essential for the safety

and well-being of children to thoroughly engage fathers. Research evidence demonstrates

that fathers profoundly affect children's lives, either as perpetrators or protectors, risks or resources, or both. Effectively assessing and engaging with at risk fathers is critical to protecting and enhancing the lives and safety of vulnerable children (Guterman & Lee, 2005). Trying to provide the optimally safe environment for children without including fathers is akin to attempting to complete a jigsaw puzzle by ignoring half the pieces.

Chapter 3: Research Design and Method

This chapter presents an overview of the research design and methodology of the study conducted for the purposes of this thesis. It begins by presenting the study background and theoretical basis, then describes the research objectives, design, participants, procedure and data analysis, and concludes with ethical considerations of the research and a conclusion.

Background to the Study

The Newpin Fathers' Centre

The New Parent Infant Network (Newpin) program was designed in the UK and implemented in Australia in 1998 by the not-for-profit organization, UnitingCare Burnside (Mondy & Mondy, 2008). The program is an intensive, long term, child protection and parent education program for parents from families under stress, with the aim of breaking patterns of destructive family behaviour and enhancing parent-child attachments (King & Houston, 2008). The Newpin program is centre-based. Of the seven centres across Australia delivering the Newpin program, only one has been designed for fathers.

The Newpin Fathers' Centre is situated in one of the most socio-economically disadvantaged suburbs of Sydney, Australia. This fathers' program is targeted at fathers with children at risk of being placed in, or who are already in, the child protection system. The aim of the Newpin Fathers' Program is to support these fathers and facilitate the restoration of children from out-of-home care to their father's care. The program consists of parenting education sessions and peer support therapeutic group work. Fathers also receive personalised, one-on-one assistance from staff, including aid with legal matters. Fathers are expected to attend one day or evening per week during school term for a minimum of 1.5 years. To the authors' knowledge, this fathers' program is the only one of its type in Australia targeting fathers with child protection involvement.

Men with current substance abuse and/or acute mental illness problems, or men who have been violent towards any family member in the past six months, are not accepted

into the program unless they are being closely monitored by health care professionals. In addition, those with a conviction for child sexual abuse are not admitted into the program (King & Houston, 2008).

The Exploring Processes of Change (EPOC) Project

This PhD was nested within a larger project funded by the Australian Research Council (ARC). This larger project was conducted in collaboration with UnitingCare Burnside and investigated parent and child outcomes and processes of change for mothers participating in the Newpin parenting program that were administered in seven centres for mothers across Australia. The present study was conducted at the only Newpin centre for fathers in Australia.

<center>**Theoretical Basis of the Study**</center>

The theoretical framework of the present research was informed by the theoretical basis of the Newpin program itself. Newpin is based on a mix of attachment theory (Bowlby, 1988), social learning theory (Bandura, 1962), ecological systems' theory (Belsky, 1993), and a strengths-based perspective to inform practice (Mondy & Mondy, 2008). The program adheres to the five key principles of support, equality, empathy, respect and self-determination (King & Houston, 2008). One of the main goals of the Newpin program is to encourage secure attachment between parent and child (Mondy & Mondy, 2008).

Therefore, the theoretical framework of the current research was consistent with that of the Newpin program and focused on Bowlby's attachment theory, Bandura's concepts of social learning theory, and Belsky's ecological systems' theory. Revised attachment theory in particular provides a theoretical basis for the recognition of fathers as parents with important roles in their children's lives (Taylor & Daniel, 2000). These theories guided the study design and the selection of measures and questions used to explore the internal/external, past/present, aspects of, and influences in, the Newpin fathers' lives.

Parent-child attachment was measured using Pianta's Parent-Child Relationship Scale (Pianta, 1994). Since the Newpin program is strengths-based and designed to build self-esteem and a sense of empowerment, social learning theory constructs such as parenting self-efficacy and a sense of mastery, were also measured. Further exploring Bandura's theories, his principle of learning by observation inspired research questions regarding parenting role models and the involvement of fathers own fathers during their childhood. Based on the Belsky's ecological model of child maltreatment which posits that numerous factors, from parental characteristics to the broader context of a child's life, all contribute to a child's risk of maltreatment, a wide range of risk factors and general characteristics of parents were measured in the present study. These multiple risk factors have been associated with risk of child maltreatment in numerous studies, as summarized in the meta-analytic study by Stith et al. (2009).

This thesis is also underscored by a particular theory of fatherhood. According to Lamb (2010a), the preeminent developmental psychologist who is the 'father' of the fatherhood literature, fathers influence their children in similar ways as do mothers. Although it has been consistently found that fathers interact with their children in somewhat different ways to mothers, the differences between mothers and fathers are less important than the similarities (Lamb, 2010a). Lamb asserts that sensitive fathering (i.e. warmth, nurturance and closeness) predicts children's socio-emotional, cognitive, and linguistic achievements just as sensitive mothering does. In fact, Lamb argues that the most important factor in determining the influence a father has on his children is the quality of his parenting and consequently the quality his relationship with his children. There is little evidence that the masculinity of fathers is related to the psychological adjustment of their children, including boys (Lamb, 2010a). In addition, the gender differences between mothers and fathers do not appear to be of great significance for the psychological health of children. The characteristics of the father as a parent rather than

the characteristics of the father as a male appear to be most significant for the well-being of children (Lamb, 2010a). Lamb (2012a) also contends that the structure of the family, in addition to the gender of the parent, is not important for children's development. He states that factors such as divorce, single parenthood, parents' sexual orientation and biological relatedness are of little or no predictive importance in children's adjustment. It is only the quality of children's relationships with their parents, the quality of the relationship between parents, and the availability of adequate resources, that are most important for children's healthy adjustment and development (Lamb, 2012a).

Based on Lamb's analysis of decades of fathering research, the theory of fatherhood adopted within this thesis is that it is the quality of fathers' parenting that is most salient for child outcomes, not his masculinity or maleness. Consequently, almost all the questions and measures chosen for this study are not father specific but apply to parents of either gender.

Research Objectives

The overall objective of this research is to add to the knowledge base of fathers in child welfare families, since so little is known about this specific group of fathers. Furthermore, the purpose of enhancing the understanding of these fathers is to improve outcomes for children at risk of, or already in, the child welfare system. As discussed in the literature review in Chapter 2, at-risk children bear the consequences of poor father-engagement in child welfare practice.

The specific research questions of the second paper in this thesis (Chapter 4) are: (1) Are the men associated with the Newpin Fathers' Program typical of child protection parents? (2) Which demographic and family factors are associated with the fathers' psychological well-being? (3) Does this sample of fathers provide evidence to support prevailing negative stereotypes of fathers in child welfare families as uncommitted and uninvolved parents, unable to quit abusing substances? Whether or not the Newpin

fathers' demographic, psychological and family profiles are consistent with the numerous parental characteristics known to be typical of child welfare families in Australia and across the western world is important for the generalizability of this research to other contexts and countries. Investigating the associations between fathers' demographic, family and psychological well-being is important in gaining an understanding of the relationships between the separate domains of ecological systems theory. Social cognitive theory (Bandura, 1986) posits that stereotypes are cognitive schemas that simplify reality (Augoustinos & Walker, 1998). Directly addressing practitioners' stereotypes of fathers in child welfare families highlights the negative consequences of these schematic heuristics.

The research question of the third paper (Chapter 5) is whether or not some fathers in child protection families have similar childhood, IPV and parenting experiences as those common to many child protection mothers. Social cognitive theory (known as social learning theory prior to 1986) assumes the mechanisms of modelling and vicarious learning apply to both men and women. Similarly, the ecological systems theory of child maltreatment is not differentiated by gender. Hence, both these theories predict similar childhood and life experiences for mothers and fathers who become involved in the child welfare system.

The research question of the final paper (Chapter 6) is to explore the associations between a range of parental risk factors and three self-report measures of child maltreatment risk, both cross-sectionally and longitudinally. Once again, the associations between the various domains of the ecological systems theory model are explored, but this time in relation to fathers' risk of child maltreatment. In particular, this final paper examines the role of self schemas, such as parenting self-efficacy and sense of mastery over one's life, in risk of child maltreatment.

Research Design

This research was a mixed-method, longitudinal study, exploring the characteristics and lives of fathers from child welfare families.

Rationale for a mixed method design

Since so little research has been conducted with fathers in child welfare families, both quantitative and qualitative methods were employed in the present research to allow for an in-depth exploration of the profiles and lives of these fathers. Whilst qualitative research is a rich source of information providing details and context for individuals, it lacks the objectivity and comparability of quantitative research. Conversely, quantitative research provides descriptions of the characteristics of a group, but lacks the depth and detail of understanding obtained through qualitative methods (Øverlien, 2010; Roggman, Fitzgerald, Bradley, & Raikes, 2002). Hence, a mixed method approach provides the richest source of data, balancing objective measures and subjective participants' experiences, and has been recommended for the study of fathers (Øverlien, 2010; Roggman et al., 2002).

Rationale for a longitudinal design

In this study, participants were interviewed at Time 1 and again at Time 2, approximately a year later. The purpose of the Time 2 interviewing was to measure change in psychological well-being and child maltreatment risk after one year of attending the Newpin program. Although this study was not a program evaluation, the strengths-based approach and therapeutic component of the program were expected to improve participants' self-schemas and psychological well-being. Obtaining longitudinal data made it possible to examine the research question of how change in participants' self-schemas and psychological well-being was related to fathers' risk of child maltreatment.

Research Participants

Since this PhD was nested within a larger project involving the Newpin program in centres across Australia, participants for this study were drawn from the only Newpin fathers' centre in Australia. The program coordinator invited 36 men currently on the centre contact list to participate in the study. Only one man declined to participate, giving a sample of 35 and a participation rate of 97%. Thirty-four men completed the quantitative measures collected at Time 1, nine gave life story interviews, and 13 completed the quantitative measures at Time 2. At the request of the program coordinator, one father was interviewed for his life story but did not complete the quantitative measures. Of the men who participated in the Time 1 interview, four had recently completed the program, five had recently commenced the program, two were receiving assistance from the co-ordinator but were not enrolled in the program, and the remaining participants were currently in the program, at different stages. Fathers in the study were referred to the program by the courts or a lawyer (33%), CPS (24%), or other support services, such as mental health and early intervention services (24%). Eighteen percent of fathers came to the program due to the suggestion of a friend or family member.

The demographic profile of participants are detailed in the second paper (Chapter 4). However, to summarise, approximately one third of participants reported being of Aboriginal origin, and the remainder were Caucasian Australians. All study participants were born in Australia and none spoke a language other than English at home. As will be demonstrated in Chapter 4, study participants' demographic and family profiles were very similar to the profiles of child protection parents reported in Australian and overseas studies, suggesting that these fathers were typical of child protection parents.

Research Procedure

Stages of Research

Time 1 interviews. At Time 1, 34 participants completed a questionnaire during a face-to-face interview with the researcher. All participants were interviewed on the premises of the fathers' centre, in a private room or privately in the back or front yard. The researcher asked the questions and participants answered verbally, to accommodate those with poor literacy skills. During these interviews, 10 participants volunteered more information about themselves and their past than was required by the questionnaire, so the researcher recorded this information in field notes. The Time 1 interviews lasted from 1 – 3 hours, depending on whether or not the participant had difficulty understanding and/or answering some questions, or elaborated on their answers.

When interviewing, the researcher usually spent a few hours at the Newpin Fathers' Centre. This allowed time for casual conversation and interaction with the fathers at the centre, in between interviews. Building rapport with, and gaining the trust of, study participants was considered important for the quality of the data collected.

Life story interviews. To supplement the quantitative data, audio-recorded life story interviews were conducted with nine fathers. The program coordinator believed that having the opportunity to talk freely about their lives would benefit the fathers since so many had not been listened to or believed by the professionals they had encountered, such as child protection workers. The program coordinator invited four fathers who he thought would particularly benefit from having the opportunity to recount their stories to take part in the life story interview. They all agreed to participate and one of these father gave a life story interview but did not complete the Time 1 quantitative measures. An additional six men were invited by the researcher to share their life story since they were regular attendees of the program and a rapport already existed with the researcher. One father agreed to be interviewed, but then left the program and was unable to be contacted.

The researcher began the interviews by stating that the interview would be recorded and then asking participants to describe their childhood. The interviews were semi-structured and conversational, and participants were prompted to continue their life story until the present day. The audio-recorded life story interviews lasted between 15 minutes and 1.5 hours, depending mostly on the age of the participant (i.e. 19 year old participants had shorter life stories to recount than 50 year old participants).

Time 2 interviews. A subset of 13 of the fathers interviewed at Time 1 were reinterviewed at Time 2, approximately 1 year later. Since participants were initially interviewed at different stages of the program, with some having already finished the program at Time 1, only 13 participants interviewed at Time 1 remained in the program at Time 2. Some fathers had completed and left the program between Times 1 and Time 2, and some had left the program before Time 2 for other reasons (often unknown to program staff). Once they left the program, the researcher had little success in contacting the fathers again as many had changed their phone numbers or did not answer calls. As for Time 1, participants were interviewed in person and privately at the Newpin Fathers' Centre, and completed the questionnaire verbally. The Time 2 questionnaire measured the same variables as at Time 1, in order to investigate change over time.

Data Analysis

Quantitative Data

Analyses of the quantitative data were conducted with the SPSS 20/21 statistical packages. Descriptive statistics, Pearson's correlations, independent samples t-tests, ANOVAs and multiple regressions were used to explore the research questions. These are described in detail in each of the three following papers (Chapters 4, 5 and 6). An alpha level of .05 was used in most of the analyses in this thesis, although in some instances marginally statistically significant findings ($p < .10$) have been reported to highlight trends that emerged from the data. Details are provided in each of the following papers.

Although some variables were positively skewed, the skewness was within an acceptable range, and equivalent nonparametric tests yielded very similar results. Therefore, parametric analyses were used in all instances.

Qualitative Data

The audio-recorded life story interviews were transcribed by a professional transcription company. A thematic analytic approach was used to analyze the qualitative data (including field notes) as this method offers the flexibility to explore selected themes without being constrained by either existing theories, or the need to create a theory (Braun & Clarke, 2006). Although frequently subsumed within other methods of qualitative analyses, thematic analysis can be considered a method in its own right, and is particularly useful within the field of psychology (Braun & Clarke, 2006).

Ethical considerations

This research was approved by the human ethics committee of Macquarie University, and by UnitingCare Burnside who runs the Newpin Fathers' Centre. Participation was voluntary and participants were informed they could withdraw from the study at any time. Participants received a $20 gift voucher in appreciation of their time for both Time 1 and Time 2 interviews.

Five questions on IPV were included because program staff had alluded to IPV concerns in their work with these fathers. The IPV questions received separate approval from the human ethics committee of Macquarie University. During the interview the IPV questions were prefaced by the researcher stating, "The next few questions ask about your experience of violence in your home. You can choose not to answer any of these questions." However, all participants agreed to answer all the IPV questions.

Since many child welfare parents have experienced trauma from childhood abuse and/or intimate partner violence, in addition to the trauma and grief of having their children removed, an important ethical consideration is *how* these participants are

interviewed. The researcher employed the counselling skills she had learnt as a crisis line telephone counsellor, such as reflective listening and validation skills, to ensure the interview process was beneficial and not harmful to the participants. In addition to the ethical advantages of this method of interviewing, a by-product was that the fathers shared some very private and personal information with the researcher, such as histories of childhood sexual abuse. Furthermore, if participants were struggling to understand or answer the questionnaire, or they seemed unwell or preoccupied, the researcher suggested they take a break and complete the questionnaire another time, so as not to place undue stress on the participant.

In addition, the researcher suspected that some participants were very depressed, possibly even suicidal, judging from the answers they gave to the psychological and parental distress child maltreatment risk questions. As a trained suicide prevention telephone counsellor, the researcher informally and discreetly assessed suicide risk with those participants who appeared extremely depressed or mentioned suicidal ideation so that immediate help could be obtained if necessary. The researcher encouraged some participants to seek help by giving them the telephone numbers of local mental health and crisis line services.

To protect the confidentiality of study participants, pseudonyms were used when reporting the findings. Furthermore, participants' pseudonyms were altered in each paper so that fathers' stories could not be recognized by piecing together information between papers.

Chapter Conclusion

This chapter has provided an overview of the study conducted for the purposes of this thesis. This was a mixed method, longitudinal study conducted with 35 fathers associated with the Fathers' Newpin Centre in Sydney, Australia. The following three

chapters will present the results of this study, with each paper focusing on different

research questions and highlighting different aspects of the findings.

Chapter 4: Are all Fathers in Child Protection Families Uncommitted, Uninvolved and Unable to Change? *

* This paper is published in *Children and Youth Services Review* and in subsequent chapters is referred to as "Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2014a). Are all fathers in child protection families uncommitted, uninvolved and unable to change? *Children and Youth Services Review, 41*, 83-94.".

* The first author is responsible for writing all drafts of this and the following papers, with the co-authors (her supervisors) providing valuable feedback and suggestions on multiple drafts of these papers. The first author conducted all the interviews with participants and all the statistical analyses, in consultation with her supervisors.

Chapter Preamble

Chapter 4 follows on from Chapter 2 by addressing the significant gap in the literature focusing on child welfare fathers as valuable resources for their children. Of the extant research that demonstrates the positive and protective role of fathers in their children's lives, most is derived from either small-scale qualitative studies or large-scale quantitative studies. Chapter 4 makes a unique contribution to the field by using a mixed method approach to analyzing fathers' demographic, family and psychological profiles.

Abstract

Although much is known about 'parents' in child protection families, very little research has specifically examined fathers in these families. The scant extant research indicates that child welfare workers in many countries tend to have negative stereotypes of these men, assuming them to be uncommitted and uninvolved parents, and unable to cease drug use. The present study sought to add to the knowledge about fathers in child protection families, and to investigate whether or not there was support for these negative stereotypes within this sample. Study participants were 35 fathers associated with a parenting program in Sydney, Australia, who completed quantitative demographic, family and psychological measures. In addition, a subset of nine participants provided life story qualitative data. Findings from both the quantitative and qualitative data indicated that, in contrast to the negative stereotypes, these fathers were typically committed and involved parents who were no longer abusing substances. They experienced considerable psychological distress as a result of having their children removed, and fathers with custody of their children reported the best psychological well-being. Study participants were shown to have similar demographic, family and psychological profiles to those found in child protection populations elsewhere in Australia and in other countries, suggesting that these findings may have wider relevance. This study highlights the importance of child welfare workers engaging with and accurately assessing fathers without preconceived assumptions, as it is possible that some fathers are viable placement options for at-risk children.

Introduction

Parents are the primary perpetrators of child maltreatment (Gilbert et al., 2009; A

Lamont, 2011). Therefore, understanding the profiles and life situations of parents in child

protection families are important steps towards knowing the best ways to keep children

safe. However, most research on child protection parents has been conducted with

mothers, or else mother and father data are combined and reported under the gender neutral

terms of 'parents' or 'caregivers' (Stith et al., 2009). Consequently, little is known about

fathers in child protection families worldwide (Bellamy, 2009; Cameron et al., 2014; Stith

et al., 2009). The term 'father' as used here refers to a biological father or any adult male

who plays a fathering role in the life of a child (Scourfield et al., 2012). The extant

research on child welfare fathers is scant, but indicates that a generally negative stereotype

of these men exists in many countries (Ewart-Boyle et al., 2013; Ferguson & Hogan, 2004;

Maxwell, Scourfield, Featherstone, et al., 2012; O'Donnell et al., 2005; Smithers, 2012).

They are assumed to be uncommitted, uninvolved and unable to change. These stereotypes

seriously hinder the engagement of fathers by child welfare services, with profound

consequences for the safety and well-being of vulnerable children (Zanoni, Warburton,

Bussey, & McMaugh, 2013). To inform and encourage father engagement in child

protection, there is a need for a deeper understanding of these men and the life issues that

confront them (Cameron et al., 2014; Dubowitz, 2006, 2009; Dufour et al., 2008). The

present exploratory Australian study sought to address this gap in knowledge using both

quantitative and qualitative data.

Characteristics and Risk Factors of Parents in Child Protection Families

A substantial international body of research describes the typical characteristics of,

and risk factors associated with, parents involved with child protection services. The list of

risk factors includes young parental age, low educational attainment, not being in the

workforce, receiving welfare payments, poverty, minority ethnicity, a psychiatric history,

low self-esteem, depression, anxiety, substance abuse, single parenthood, and large family size (J. Brown, Cohen, Johnson, & Salzinger, 1998; Chaffin et al., 1996; Sedlak et al., 2010; Sidebotham & Heron, 2006; Stith et al., 2009). In the UK, the factor most strongly associated with risk of child maltreatment investigation and registration has been socio-economic deprivation (Sidebotham & Heron, 2006). In Canada, local areas with higher unemployment rates and higher percentages of indigenous populations have been found to have the highest incidence of child maltreatment, with these two factors alone accounting for 35% of the variance in child maltreatment rate (Krishnan & Morrison, 1995).

Although Australian child protection services do not routinely provide information on the characteristics of parents (Bromfield, Lamont, Parker, & Horsfall, 2010), some state-based studies demonstrate that child protection parents in Australia display similar demographic and family characteristics to those in other countries. For example, a study on the associations between the number of child protection reports and characteristics of local government areas in the Australian state of New South Wales (NSW) found that reporting rates were significantly and positively related to the number of families of indigenous origin, rates of single parent families, levels of unemployment and receipt of government benefits, and not having post-school qualifications (Nivison-Smith & Chilvers, 2007). These four factors explained 85% of the variance in child maltreatment reporting rates, with percentage of the population that is indigenous being the factor most strongly associated with rate of reporting in NSW.

Parents in the child protection system in the adjacent state of Queensland have also been studied. Of 847 households where a substantiated incident of child maltreatment was recorded, indigenous households were significantly over-represented, comprising 21% compared to 3% in the Queensland adult population (Department of Child Safety, 2009). Households with substantiated cases of child maltreatment were also over-represented in areas of relatively greater socio-economic disadvantage (Department of Child Safety,

2009). An analysis of parental risk factors for 695 of the 847 households found that a current or previous drug and/or alcohol problem was the most common parental risk factor for child maltreatment in Queensland, occurring in nearly half (47%) of these households (Department of Child Safety, 2008).

Stereotypes of Fathers in Child Welfare Families

In the context of these known characteristics and risk factors of parents involved in the child protection system, qualitative studies of child welfare practitioners and fathers have highlighted the existence of negative stereotypes of fathers within child welfare practice (Cameron et al., 2014; O'Donnell et al., 2005; Zanoni et al., 2013). Fathers are often assumed by child welfare workers to be irresponsible, uncommitted, uninvolved, uncaring, non-nurturing, unable to cope, and unwilling and unable to change (Bellamy, 2009; L. Brown, Callahan, et al., 2009; Ewart-Boyle et al., 2013; Ferguson & Hogan, 2004; O'Hagan, 1997; Scourfield, 2001; Storhaug & Øien, 2012). Men's involvement in at-risk families has been characterized as fleeting and inconsistent, as they are often believed to irresponsibly father numerous children with different women (Bellamy, 2009; Polansky, Gaudin Jr, & Kilpatrick, 1992). It is also presumed that these men lack commitment, and are less emotionally attached, to their children (Ewart-Boyle et al., 2013; Ferguson & Hogan, 2004; O'Donnell et al., 2005; Scourfield, 2001). Furthermore, fathers in child welfare families are often expected to lack the competence and desire to contribute to daily child care, relegating child caring responsibilities to the mother (Ewart-Boyle et al., 2013; Scourfield, 2001; Smithers, 2012; Storhaug & Øien, 2012).

Due to these assumptions, fathers are often considered insignificant and irrelevant in child protection work (Ewart-Boyle et al., 2013; O'Hagan, 1997; Scourfield, 2001; Storhaug & Øien, 2012). They are rarely considered as placement options for children maltreated by their mother, with non-resident fathers in particular often being overlooked (L. Brown, Callahan, et al., 2009; Ewart-Boyle et al., 2013; Featherstone et al., 2007).

Those fathers who want custody are frequently treated with suspicion, even if they were not involved in their child's maltreatment (L. Brown, Callahan, et al., 2009; O'Donnell et al., 2005; Smithers, 2012). Fathers involved in the child protection system have complained that workers do not listen to or believe them (Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012). They believe they have to overcome more obstacles and demonstrate their commitment in ways that mothers do not, and men who have any criminal history are especially susceptible to harsher treatment (Cameron et al., 2014; O'Donnell et al., 2005). Finally, it is often assumed that fathers will not and cannot give up drugs and alcohol, even if a father insists he has been drug-free for years (Storhaug & Øien, 2012).

Existing Research that Challenges These Stereotypes

The few qualitative studies that exist on fathers in child welfare families, however, tend not to support these stereotypes. For example, an Irish study based on interviews with 24 fathers involved with social services and family support agencies, 12 partners and 12 children, found that the men were active and committed fathers, according to their children and partners (Ferguson & Hogan, 2004). Similarly, a qualitative study of 18 fathers involved with one child welfare agency in Canada found that many fathers were heavily involved in the everyday care of their children, were strongly committed to their children, and this commitment motivated them to make positive changes in their lives (Cameron et al., 2014). A deep sense of responsibility for and commitment to their children was also found in a study of seven fathers who were, or had recently been, in contact with child welfare services in Norway (Storhaug & Øien, 2012). In addition, a study of children 'home on trial' in the UK found that single fathers provided placements that were stable over time and that no safety issues were identified by case workers (Broadhurst & Pendleton, 2007). None of these studies found evidence to support existing negative stereotypes.

Furthermore, there is some research that challenges the assumption that fathers in child welfare families are not emotionally invested in their children. One Canadian study of 18 fathers involved in child welfare described fathers' distress on being separated from their children (Cameron et al., 2014). In addition, an Australian study of five homeless fathers found that these fathers reported feeling angry, frustrated, helpless and hopeless due to having their children taken from them (Bui & Graham, 2006). They felt they had lost their role as a parent, a sense of purpose in life and their identity, leading to considerable psychological distress and an overwhelming sense of loss (Bui & Graham, 2006). Another study of 40 homeless fathers in Australia found that children were very important in the lives of these men, and not being able to parent their children caused ongoing distress, frustration and a sense of disempowerment (Barker et al., 2011).

Reconciling the Contradictory Findings in Past Research

How can the incongruence between child welfare workers' negative stereotypes of fathers in child protection families, and extant research suggesting these stereotypes are not accurate, be explained? In attempting to resolve this issue it is important not to dismiss the frontline experience and reports of child welfare workers who have consistently found men to be challenging clients. Workers have stated that many men actively avoid contact with them, are hostile and threatening, are easily angered, are not interested in having their children living with them, have current substance abuse issues and few fathers avail themselves of the services offered them (Ewart-Boyle et al., 2013; Zanoni et al., 2013).

One possible explanation for the contrast between workers' experiences and findings from studies with child welfare fathers is that workers and researchers tend to be in contact with different groups of men. Child welfare workers interact with the whole child protection parent population, dealing with men from a wide variety of family contexts. In contrast, the few small-scale qualitative studies with child welfare fathers have been conducted with men who are currently receiving, or have received, support services

(Barker et al., 2011; Bui & Graham, 2006; Ferguson & Gates, 2013; Smithers, 2012; Storhaug & Øien, 2012) or the few who have agreed to participate in research (Cameron et al., 2014; Dominelli et al., 2011; Ferguson & Hogan, 2004). Hence it is possible that fathers willing to participate in research are those who are motivated, committed and involved enough in the lives of their children to seek support and cooperate with services. Those fathers who are not interested in their children, are attempting to shirk their parental responsibilities, or who are avoiding child protection services because they want to conceal their substance abuse, violence or mental health issues, are unlikely to be willing to be involved in studies probing their personal lives.

In addition, researchers typically find it difficult to recruit men from lower socio-economic backgrounds for research (Zanoni et al., 2013). Fathers involved in child protection services have proven particularly challenging to recruit, with a recent study only able to achieve a 2% participation rate of fathers, despite approaching several fathers' groups with the assistance of a father engagement coordinator (Mirick, 2013). Therefore, until there is a breakthrough on how to locate, contact and elicit participation in studies from the full range of men in child protection families, this limitation to the research needs to be recognized. Moreover, this issue is not unique to research, with child welfare services also finding it difficult to locate, contact and elicit participation from fathers (Zanoni et al., 2013).

Overall, what can be surmised from the existing research from both child welfare workers and fathers, is that some fathers probably *do* fit the stereotypes, but some do *not*.

Aim of the Study and Research Questions

The general aim of the present study was to explore the lives and profiles of a group of fathers in child protection families in Australia, as there is a dearth of information about such men. This particular group of fathers was associated with a fathers' parenting program. The specific research questions were: (1) Are the men associated with this

fathers' program typical of child protection parents? (2) Which demographic and family factors are associated with the fathers' psychological well-being? (3) Does this sample of fathers provide evidence to support prevailing negative stereotypes? In relation to the first research question, it was hypothesized that participants would be typical of child protection parents in Australia and other western countries since the majority had been involved with child protection services at some stage, and the research findings on parental risk factors for child maltreatment is consistent and robust across numerous countries (Stith et al., 2009). This research question is important, not just to ascertain the possible relevance of the present study findings to other contexts, but because most research on child protection parents has been conducted with mothers, or does not distinguish between mothers and fathers, obscuring the characteristics of fathers in child protection families (Sidebotham & Golding, 2001; Stith et al., 2009). Regarding the second research question, it was hypothesized that being separated from their children would cause significant psychological distress, given past research. Finally, regarding the third research question, it was hypothesized that findings from this study would not support the negative stereotypes of fathers in child protection families because participants were seeking assistance from a fathers' program and would therefore be amongst the more involved, committed and motivated parents. A mixed method approach was used whereby quantitative measures were complemented with qualitative data from a subgroup of participants.

Method

Participants and Procedure

Participants were 35 men associated with a fathers' parenting intervention program in Sydney, NSW, Australia. A total of 36 fathers were identified and contacted by the program coordinator with an invitation to participate in this study. One father declined to take part, resulting in a 97% participation rate. Of the 35 men participating in the study, four had recently completed the program, five had recently commenced the program, three had received assistance from the coordinator but had chosen not to enroll in the program, and the remaining participants were currently in the program.

The program offers an intensive, long term, child protection and parent education program for fathers from families under stress, with the aim of breaking patterns of destructive family behaviour and enhancing parent-child relationships (King & Houston, 2008). An additional goal of the program is to facilitate the restoration of children from out-of-home care to their father's care. Men with substance abuse, family violence and/or acute mental illness problems are only accepted into the program if these issues are currently being addressed with the assistance of professional services (King & Houston, 2008). The program is conducted in a fathers' centre situated in one of the most socio-economically disadvantaged suburbs of Australia, being ranked in the lowest decile of disadvantage by the Australian Bureau of Statistics (Australian Bureau of Statistics, 2013b). Most of the participants in the study (75%) were local, living within 10 km of the fathers' centre, with 38% living in the same postal code area as the centre.

Study participants were interviewed in person at the fathers' centre by the first author between October 2011 and June 2012. Thirty four participants completed the quantitative measures comprised of socio-economic, current family situation and psychological well-being assessments. The quantitative interviews lasted between 1 and 3 hours. To gain a richer understanding of these men's individual lives and what led to their

present situation (Cameron et al., 2014), a sub-sample of nine fathers shared their life stories in a separate, audio-recorded interview. The program coordinator invited four fathers who he thought would benefit from having the opportunity to recount their stories to participate in the life story interviews. They all agreed to participate and one of these father gave a life story interview but did not complete the quantitative measures. An additional six men were invited by the researcher to share their life story since they were regular attendees of the program and a rapport already existed with the researcher. One agreed to be interviewed, but then left the program and was unable to be contacted.

The researcher began the interviews by asking participants to describe their childhood. Apart from asking for clarifications and elaborations at times, and prompting participants to continue their life story until the present day, the interviews were unstructured and conversational. The life story interviews lasted between 15 minutes and 1.5 hours and were subsequently transcribed. In addition to the nine life story interviews, field notes gathered throughout the study supplemented the interview data. For example, some participants volunteered additional information during the quantitative interviews and these details were recorded in the field notes.

This research was approved by the human ethics committee of Macquarie University, Sydney. Participation was voluntary and participants were informed they could withdraw from the study at any time. Participants received a $20 gift voucher in appreciation of their time.

Quantitative Measures

A wide range of risk factors and general characteristics of parents known to be associated with child maltreatment were measured in the present study.

Demographics. Demographic measures assessed parent age, nationality, schooling, post-school education, current employment, government benefits received, housing and

postcode. Half of all participants said they did not know their gross annual income, so in these cases it was estimated from the government benefits they were receiving.

Family situation. Participants were asked a range of questions about their current family situation, including marital status, household members, and if their current partner was the mother of their children. Participants were asked "How many children do you consider your own?", and although one father said he had three additional biological children whom he did not consider his own, five other fathers said they accepted their partners' children from previous relationships as their own. Participants were also asked questions about how long they were separated from their children at any time in their children's life. Child protection involvement was determined from a direct question asking if there had ever been any past or present 'child at risk' notifications on their children, and field notes of other comments made by participants. They were not asked the reason for child protection services involvement.

Mental and physical health. Participants were asked if they had any issues in the last 12 months related to physical health problems, depression, episodes of intense anxiety, other mental health issues, and problems with non-prescription or recreational drugs. They answered these questions on a 4-point Likert scale where *0 = never*, *1 = rarely*, *2 = sometimes*, and *3 = often*. They were also asked how often they usually drank alcohol, and answers were coded *0 = never*, *1 = rarely or once a month*, *2 = once a fortnight*, *3 = once or twice a week,* and *4 = 4 or more times a week*.

General Health Questionnaire-12. The 12-item version of the General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988) was used as a measure of general psychological distress. Statements included "Have you been able to enjoy your normal day-to-day activities?" and "Have you lost much sleep over worry?". A slightly reworded version of the GHQ-12 was used for the first 20 participants of the current study, with all questions being expressed in the negative instead of only half (e.g. "Have you felt you

could not concentrate?" compared to "Have you been able to concentrate on whatever you're doing?"). However, the average GHQ-12 score for the first 20 participants ($M = 10.7$, $SD = 9.47$) was not higher nor significantly different from the average score of the last 14 participants ($M = 12.8$, $SD = 9.13$), $t(32) = -.641$, $p = .526$, indicating no negative bias for the first 20 participants, despite more negative wording (Hankins, 2008). The distribution of scores from both versions was also very similar. Therefore, it was deemed appropriate to combine the scores of both versions of the GHQ-12 into one pooled GHQ-12 score. A 4-point Likert rating scale from 0 to 3 was used, with high scores indicating higher levels of psychological distress. The GHQ-12 has been widely used in, and validated across, various community samples and is best at detecting depression and anxiety (Baksheev, Robinson, Cosgrave, Baker, & Yung, 2011; Donath, 2001; Schmitz, Kruse, & Tress, 1999). The internal consistency of the GHQ-12 within the present sample was strong ($\alpha = .90 - .95$).

Rosenberg Self Esteem Scale. Participants' self-esteem was measured with the Rosenberg Self Esteem Scale (Rosenberg, 1965). This is the most widely used measure of self-esteem (Schmitt & Allik, 2005). It consists of 10 items that assess a person's feelings of self-worth (e.g. "I feel I am a person of worth, at least on an equal plane with others"). The Rosenberg Self Esteem Scale was scored from 1 (*strongly disagree*) to 4 (*strongly agree*) so that a comparison could be made with Australian norms. After reversing negatively worded questions, all items were summed, with higher scores indicating higher self-esteem. The Rosenberg Self Esteem measure has psychometrically sound internal reliability and factor structure attributes across many languages and cultures, and is considered a reliable measure of self-liking and self-competence (Schmitt & Allik, 2005). In the present study the internal reliability of the scale was high ($\alpha = .88$).

Results

Analytic Strategy

Analyses of the quantitative data were conducted with the SPSS 20 statistical package. Descriptive statistics were used to create demographic, family and psychological profiles of study participants. Pearson's correlations were employed to explore the associations between demographic, family, and psychological variables. Independent samples t-tests and ANOVAs examined how family situation was associated with psychological well-being. Although a small number of variables were positively skewed, the skewness was within an acceptable range, and equivalent nonparametric tests yielded very similar results. For these reasons the original parametric tests were retained. A thematic analysis of the qualitative data was undertaken for the purpose of adding detail and depth to the issues highlighted in the quantitative findings, and to explore key themes in the existing literature. Thematic analysis is a widely used qualitative analytic method within psychology (Braun & Clarke, 2006).

Quantitative Results

The quantitative results found that participants' demographic, family and psychological profiles were very typical of child protection parents, supporting the first hypothesis of this study. It was also found that the psychological well-being of these fathers was most strongly associated with whether or not their children were currently living with them, supporting the second hypothesis.

Demographic profile. Demographic descriptive statistics are provided in Table 1. The average age of participants was 34.9 ($SD = 9.3$), the median age was 33.5, and the range was 19-53 years old. Aboriginal participants were over-represented at almost a third, compared to 6.3% of residents in the local area (Australian Bureau of Statistics, 2011). The study sample was also more monocultural than the local area, with all study participants being Australian and none speaking a language other than English at home,

compared to 60% of those in the local area being Australian and 61% only speaking

English at home (Australian Bureau of Statistics, 2011). Furthermore, although the

percentage of study participants who were unemployed and seeking work (15%) was

comparable to that of the local area (12%), the percentage of participants not working and

not seeking work (59%) was much greater than in the local community (6.9%)(Australian

Bureau of Statistics, 2011). Most participants (85%) were receiving government benefits

and more than half (59%) were living in local areas assessed by the Australian Bureau of

Statistics as being in the lowest three deciles of socio-economic disadvantage in Australia

(Australian Bureau of Statistics, 2013b). Of those employed, most were either tradesmen

or labourers. Surprisingly, despite the fact that a third of participants dropped out of

school at a young age, and at least two were illiterate (unable to read the study visual aid),

59% had obtained post-school qualifications, mostly in trade or technical vocations. This

post-school qualification rate is equivalent to the national average of 59% (Australian

Bureau of Statistics, 2012).

Table 1

Demographic Profile

Demographic Measure	*n*	(%)
Nationality Australian	34	(100%)
Non-aboriginal origin	23	(68%)
Aboriginal origin	11	(32%)
Highest level of school		
Year 9 or less	12	(35%)
Year 10 or 11	15	(44%)
Year 12	7	(21%)
Further education	20	(59%)
Community college	3	(9%)
TAFE	16	(47%)
Tertiary education	4	(12%)
No paid job	25	(74%)
Unemployed and seeking work	5	(15%)
Unemployed and not seeking work	20	(59%)
Receiving government benefits	29	(85%)
Newstart	9	(27%)
Single parent	7	(21%)
Disability	7	(21%)
Both parenting and disability	2	(6%)
Other	3	(9%)
Housing		
Government housing	14	(41%)
Living in another person's house	10	(29%)
Private rental	10	(29%)
Living in area of socio-economic disadvantage		
Lowest deciles	20	(59%)
Middle deciles	12	(36%)
Highest deciles	2	(6%)

Note. TAFE = Technical and Further Education. Newstart = unemployment benefits.

Lower deciles of socio-economic disadvantage = greater disadvantage.

Family profile. Descriptive statistics describing the family situation of study participants are shown in Table 2. Only three study participants (9%) were currently married, compared to 42% of the local adult population (Australian Bureau of Statistics, 2011). Of the 15 men with a current partner (4 were not living together), their partner was the mother of their children in 80% of cases. The average number of children for study participants was 3.3 (*SD* = 2.7), compared to 2.1 children per household in the local area (Australian Bureau of Statistics, 2011). However, the median number of children for study participants was 2.0, with only a third having large families (4 or more children). Data on the biological relationship of children to the father was missing for seven participants (20%). For the 28 participants with complete data, 90% of the total number of children were their biological children, and all participants were the biological father of at least one of their children.

Eighty two percent of the fathers in the study reported that at least one of their children had been involved with child protection services at some point in time. Statistics from the auspicing body who run the fathers' program showed that 93% of families registered in the fathers' program from 2008-2011 had past or current contact with child protection services (65% had children removed, 17% had active child protection cases, and 10% had past contact) (Cowling, 2011). Therefore, it is possible that the present study underestimates the percentage of participants with past or current child protection involvement. Most of the fathers (82%) had experienced separation from their children, and 10 fathers (29%) had been separated from their children for 2 - 4 years.

In addition to the nine fathers who were sole parents, three of the six fathers currently living with their partner and child reported that they were the primary caregiver of their children. This theme also emerged in the qualitative data where other fathers said they had been their children's primary caregiver before removal or separation.

Table 2

Family Profile

Family measure	*n*	(%)
Marital status		
Married	3	(9%)
Defacto	8	(24%)
Never married	17	(50%)
Separated or divorced	6	(18%)
Family type		
Living with partner and child	6	(18%)
Living with partner, but not with child	5	(15%)
Sole parent father	9	(27%)
Not living with partner or child	14	(41%)
Number of fathers main caregiver of child	12	(35%)
Number of children		
1-3 children	23	(68%)
4-6 children	7	(21%)
7-11 children	4	(12%)
Initial child protection issues	28	(82%)
Children in OOHC	20	(59%)
Children not in OOHC, but CPS involved	8	(24%)
Child protection issues at time of interview		
Child still not restored to father	10	(29%)
Child restored to father, both parents, or restoration imminent	10	(29%)
Number of fathers separated from child for at least 2 months	28	(82%)

Note. CPS = child protection services.

OOHC = out-of-home care.

Physical and psychological profile. Measures of participants' physical and psychological well-being are reported in Table 3.

Physical illness. Approximately a third of the participants reported suffering from physical health issues sometimes or often in the last 12 months. Many of these health issues were serious and prevented them from obtaining employment. For example, one father stated that he was dying of sclerosis of the liver. Another father was frequently hospitalized due to uncontrolled diabetes, and another suffered from emphysema. Two fathers had serious back injuries and one had been shot during an armed robbery at his home.

Psychological distress. Of the five men who said they had 'other mental health issues' in the past 12 months, two said they had been diagnosed with bipolar depression, one with anxiety, one with borderline intellectual disability, and one with borderline personality disorder and schizophrenia. Although only five men revealed that they had a diagnosed mental illness, half the fathers reported experiencing depression, and a substantial proportion (41%) reported experiencing episodes of intense anxiety, 'sometimes' or 'often' in the last 12 months. Results of the GHQ-12 also indicated a high level of general psychological distress amongst study participants. A GHQ-12 cut-off for high psychological distress of 10/11 was used in the present study, as it was found to give the best trade-off between sensitivity and specificity in a large-scale (N=10,641) nationally representative study of mental health in Australian, the 1997 National Survey of Mental Health and Wellbeing (NSMHW) (Donath, 2001; Lawson, Rodwell, & Noblet, 2012). Sixteen participants (47%) scored above this cut-off, which is well above the 19.4% of the Australian adult population who scored above the designated GHQ-12 cut-off in the 1997 NSMHW survey (Korten & Henderson, 2000). Participants' average GHQ-12 score was 11.56, which is well above the average GHQ-12 score for Australian men (8.74) found in the 1997 NSMHW survey (Donath, 2001), although this difference did not quite reach

statistical significance in a one-sample t-test, $t(33) = 1.78$, $p = .08$. It should also be noted that the national average GHQ-12 score for Australian men is below the 10/11 cut-off, whereas the average for this sample is above the cut-off.

Self-esteem. Study participants' average self-esteem score (30.3) was significantly lower than the average Australian self-esteem score ($M=33.53$, $t(33) = -4.46$, $p < .001$) found in an Australian community sample of 184 men and 255 women (Pallant & Lae, 2002).

Substance abuse. In the present study, only two fathers said they 'rarely' or 'sometimes' used marijuana in the last 12 months. No participant said they used drugs 'often'. Seventy four percent of participants stated that they never, rarely, or only once a month, drank alcohol. However, during the interviews many participants said that they did not drink alcohol *anymore*, or did not use drugs *anymore*, suggesting that drugs or alcohol had been issues for them sometime in the past. This theme of previous substance abuse emerged in the qualitative data also.

Table 3

Psychological and Physical Health Profile

Well-being Measure	n (%)	M	SD
Physical health problems	12 (35%)		
Diagnosis of "other" mental illness	5 (15%)		
Depression	17 (50%)		
Anxiety	14 (41%)		
Drug use	2 (6%)		
Frequency of drinking alcohol			
Never	17 (50%)		
Rarely or once a month	8 (24%)		
At least once a fortnight	9 (26%)		
GHQ-12		11.6	9.3
Self-Esteem		30.3	4.2

Associations between profile factors.

Relationships between demographic and psychological variables. Table 4 presents the Pearson's correlations between demographic and psychological variables. In general, very few significant relationships were found between demographic and psychological factors. The significant correlations between depression, anxiety, GHQ-12 scores and self-esteem were all as expected. Physical illness was significantly, strongly and positively associated with depression. Significant positive associations were found between the frequency of alcohol consumption and higher household income, and a negative association was found between higher alcohol frequency and lower levels of anxiety. No significant association was found between being separated from their children for longer periods of time and depression, anxiety or GHQ-12 scores.

Table 4

Pearson's Correlations Between Demographic and Psychological Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Age of father	-											
2. Number of children	.46**	-										
3. Highest level of education	.02	.04	-									
4. Suburb socio-economic disadvantage decile[#]	.10	-.22	.07	-								
5. Estimated household income	-.11	-.12	.07	.11	-							
6. Months separated from child	.15	.27	.27	-.02	-.01	-						
7. Physical illness last 12 months	.06	.02	-.01	.10	-.31	.13	-					
8. Depressed in last 12 months	.05	.14	.01	-.05	-.09	.08	.60**	-				
9. Anxiety in last 12 months	.14	.27	.14	-.17	-.10	.29	.28	.62**	-			
10. GHQ-12	.24	.28	.36*	-.02	-.08	.24	.23	.68**	.67**	-		
11. Self-esteem	-.32	-.52**	.02	.02	.06	-.37*	-.24	-.47**	-.48**	-.53**	-	
12. Alcohol frequency	-.15	-.05	.01	.26	.56**	-.03	-.20	-.27	-.44**	-.22	.06	-

Note. [#] A higher socio-economic disadvantage score indicates *less* disadvantage.

* $p < .05$. ** $p < .01$.

Relationships between family and psychological variables. The results of the associations between family situation and psychological variables are presented in Table 5. In general, family situation was more strongly associated with the psychological well-being of participants than were demographic factors. It can been seen from Table 5 that those study participants who were living with a partner, regardless of whether or not they were also living with their children, did not display better psychological functioning on any measure compared to those not living with a partner. In contrast, those fathers who were living with their children, regardless of whether or not they were also living with their partner, scored significantly lower on the GHQ-12 measure of psychological distress, $t(30) = -2.13$, $p < .05$, and significantly higher on self-esteem , $t(32) = 2.21$, $p < .05$, compared to those not currently living with their children. Consistent with this finding of the psychological benefits of living with their children, those fathers who already had their children restored to them displayed the lowest levels of depression and anxiety, the lowest GHQ-12 scores and the highest self-esteem scores, compared to any other grouping category. Conversely, those without restoration indicated the highest levels of depression, anxiety, and GHQ-12 score, and the lowest self-esteem, compared to any other grouping category. Congruently, the nine sole fathers reported better psychological functioning compared with fathers in other family type, with significantly less depression, $t(21) = -2.36$, $p < .05$, and lower GHQ-12 scores, $t(31) = -2.57$, $p < .05$. In addition, sole parent fathers drank alcohol less frequently than those study participants who were not sole parents, although this did not quite attain statistical significance, $t(26) = -2.00$, $p = .056$.

To explore if fathers with poor mental health were more likely to have had their children removed in the first place, the psychological well-being of those fathers who had a child in out-of-home care when they initially contacted the fathers' centre was compared with fathers who did not. However, as shown in Table 5, no significant differences were found between these two groups of fathers for any psychological variable.

Table 5

Group Differences Between Family Situation for Psychological Variables

	Depression	Anxiety	Self-esteem	GHQ-12	Alcohol frequency
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*
Lives with child					
Yes[a]	1.20 (1.37)	0.93 (1.28)	32.00 (3.30)	8.13 (6.16)	0.60 (0.91)
No	1.63 (1.50)	1.32 (1.29)	28.95 (4.48)	14.26 (10.48)	1.26 (1.37)
Difference *t* statistic	-.87	-.86	2.21*	-2.13[#]*	-1.69[#]
Lives with partner					
Yes[b]	1.64 (1.57)	1.27 (1.35)	30.82 (3.89)	11.55 (8.14)	1.36 (1.21)
No	1.35 (1.40)	1.09 (1.28)	30.04 (4.45)	11.57 (9.91)	0.78 (1.20)
Difference *t* statistic	.54	.39	.49	-.01	1.32
Child restored or restoration imminent					
Yes[c]	0.60 (1.08)	0.00 (.00)	32.50 (4.30)	5.90 (2.23)	1.40 (1.51)
No[d]	2.40 (1.27)	1.90 (1.20)	26.30 (2.83)	19.20 (10.09)	0.90 (1.20)
n/a	1.36 (1.45)	1.43 (1.28)	31.57 (3.06)	10.14 (8.46)	0.71 (0.99)
Difference *F* statistic	4.88*	9.00**	9.95**	7.64**	.95
Sole parent father					
Yes[e]	0.67 (1.00)	0.56 (1.13)	32.44 (3.91)	7.00 (4.00)	0.44 (0.73)
No	1.72 (1.49)	1.36 (1.29)	29.52 (4.14)	13.20 (10.08)	1.16 (1.31)
Difference *t* statistic	-2.36[#]*	-1.66	1.84	-2.57[#]*	-2.00[#]
Children in OOHC initially					
Yes[f]	1.50 (1.47)	0.95 (1.28)	29.40 (4.76)	12.55 (9.85)	1.15 (1.35)
No	1.36 (1.45)	1.43 (1.28)	31.57 (3.06)	10.14 (8.46)	0.71 (1.03)
Difference *t* statistic	.28	1.07	1.50	.74	1.03

Note. [#] Unequal variances. OOHC = out-of-home care.

[a]*n* = 15. [b]*n* = 11. [c]*n* = 10. [d]*n* = 10. [e]*n* = 9. [f]*n* = 20.

*p < .05. **p < .01

Qualitative Results

A thematic analysis of the qualitative data was conducted in order to identify key themes in the life stories of study participants (Braun & Clarke, 2006). Themes that were congruent with the quantitative results were those of fathers' psychological distress at being separated from their children, being the primary childcare provider even when living with the mother, and having ceased use of drugs and alcohol. Other closely related themes to emerge from the qualitative data were of fathers' commitment to their children, and the perception that child welfare workers did not believe that they had genuinely changed. These themes addressed the third research question by indicating that these fathers were committed, involved and able to change, in contrast to the prevailing negative stereotypes. The identity of participants and their family members has been protected by assigning pseudonyms.

Psychological distress. The association between fathers' separation from their children and psychological distress found in the quantitative data was also evident in the qualitative data. For example, Ethan recalled, **"But** [the] *first few months were very hard for me. I was depressed and I didn't know how I was sort of* [to] *go on. I was having suicidal thoughts and the first few months, those months were very hard. Like Christmas, I didn't have the kids there, that was very hard, their birthdays, very hard"*. Another father, Tim, said he experienced *"deep heartache"* when his children were removed, and Nigel said that he constantly thinks about killing himself because he is not permitted to see his children and has not seen them in years.

Fathers as primary caregivers. Congruent with the quantitative findings that 35% of the study fathers were their children's primary caregiver, including fathers living with the mother of their children, many participants mentioned that they had been the primary carer of their children when living with their partner. For example, Ethan said, *"I was still getting up, feeding my kids breakfast, bathing them, cleaning up after them, cleaning the*

house, socializing with my kids. Like every morning I'd get up and watch Sesame Street and Dirtgirlworld with the kids". Another participant, Joe, stated, *"I looked after* [his daughter] *- most of the time I took her to school, I fed her, I bathed her, I bought all her clothes, and her mother's on methadone and all she does is sleep all day".* Yet another father, Bruce, described how he had done everything for his seven children from the time they were born. He reported that he bottle fed all of his children as *"their mother would not breast feed them"*. Bruce also said that he cooked the dinners, did the shopping, and cleaned the house. He described his partner as being like his *"eighth child"* as he had to take care of her as well as his children.

In addition, some non-resident fathers spoke of caring for their children on a weekly, sometimes even daily, basis. For example, Cam recounted that before his children were removed from their mother, he would drive 40 minutes to take his children to school each day. Then he would *"wait around"* during school hours and collect his children from school and drive them home. He reported that the school did not know his children had a mother. Another non-resident father, Trevor, said he would drive to wherever the mother of his children was living at the time to collect his two children and have them for the weekend and all the school holidays. He had been doing this for the past 6 years.

Fathers' commitment to their children. Consistent with being heavily involved in the care of their children, many participants also revealed deep commitment to their children and were prepared to go to great lengths to be allowed to care for them. For example, Ethan stated, *"So I'm going to do everything in my power to prove to the courts that yeah, I am willing and I do want my children back…I can't imagine life without them...I think that's what I'm here for…I want to be their father and sort of just grow with them."* Brad expressed his commitment in these words, *"…because I've got my kids and I know what I've got to do. What I've got to do at the moment though is I've just got to be there for my children."* This level of commitment was not confined to biological children,

as the following quote by Trevor demonstrates, *"I met her when she was about six months' pregnant with Johny and the minute I met him I fell in love with him. Not being a God-fearing person at all, I actually held him in my arms one night when he was probably about four days old and - this sounds really soppy…I actually prayed to God and I asked God and promised to him that if he allowed me to be this boy's father, I would look after him and treat him as my own son until the day either him or I left this earth."* Some study participants remained in conflict-ridden, unhappy relationships just so they could be with their children. For example, when Joe was asked why he had repeatedly returned to his wife despite his claim that she was a methadone addict, he answered, *"For Claire* [his daughter]. *I don't want to have to not be around and watch her grow up."* Similarly, Paul reported that he could have had his ex-partner *"charged with assault"* on *"literally hundreds of occasions"*. However, he chose not to have her charged because, in his words,*"…,it would have cost me Nikki* [his daughter]...*I would have lost Nikki straight away…I would have been kicked out of the house and I would have only – at best I would have been allowed to see Nikki on weekends for the next 18 years"*.

    Willing and able to give up drugs and alcohol. Although many participants mentioned that they had previously been drug and alcohol users, most had ceased use before coming to the fathers' centre, as was revealed in the quantitative results. Ethan recounted, *"It wasn't until the kids were taken last year that DOCS* [child protection services] *- one of the requirements from part of the care plan was to stop smoking, drinking and stuff like that so that stopped straight away. I haven't touched a thing since…It was very easy because I wanted to give up."* Similarly, Tim stated, *"I stopped smoking pot straight away* [after his children were taken]. *That was the first thing I done – went cold-turkey – that didn't bother me in the slightest."* Oscar said he used to drink a bottle of bourbon each day, but he gave up alcohol and marijuana for the sake of his

children. Trevor reported that he had *"smoked pot"* all his life but gave up two years ago for his health when he was diagnosed with emphysema.

Change not believed. Some fathers commented on the difficulties they faced trying to convince child protection workers that they had changed and given up drug use and the criminal activities of their youth. For example, in recounting his life story, Scott said, *"So that's pretty daunting in the fact that I was sent to jail 20 years ago for the last time, but it's still involved in my life to this day…with DOCS involvement and everything like that. It's virtually crucifying me, if anything. I'm trying to get across the fact that it was 20 years ago, I'm not that person now and you can see in my criminal history that it stops and there's a big gap there."* Child protection workers also did not believe that Scott no longer used drugs. He explained, *"So I went on their chain of custody urines… So I've done them - no dirty urines in three months, so they've stopped them. Now they're not saying drug abuse by 'carers' or 'parents', they're saying drug abuse by Patty* [his wife], *left the 'parents' out."* Joe was in a similar situation, *"What I've done when I was younger, they're just holding it against me…Yeah, I just like used to run away from home and it's just stupid things - pinch cars and - but I haven't done nothing like that since I was a teenager…over 20 years ago."*

In addition to not being believed about ceasing drug use and criminal activities, participants mentioned not being believed or listened to in general. For example, Trevor commented, *"…because everything I was trying to do, I was getting shot down about it. DOCS never believed me from the word go."* Joe made a similar comment, *"But no-one seems to believe a word I say… just sick of trying to prove myself all the time, and I think it's a waste of time, because no-one listens anyway"*.

Discussion

This exploratory, quantitative and qualitative study investigated three research questions related to the profiles and life stories of a group of fathers associated with an intensive fathers' parenting program in Sydney, NSW, Australia.

How Typical of Child Protection Parents Were Study Participants?

The first research question asked if study participants were typical of child protection parents in Australia and other western countries. The hypothesis that they would be typical of these populations, since most study participants' families had past or current involvement in the child protection system, was supported. Indeed, even though most participants lived in close proximity to the fathers' centre, participants were far more typical of child protection parents worldwide than they were typical of the local area in which they lived. The demographic, family and psychological profiles of these fathers demonstrated that they shared almost every risk factor previously associated with child maltreatment in families. Specifically, participants on average had low educational achievement, were very economically disadvantaged with most not in the workforce, most on government benefits, and living in areas of high socio-economic disadvantage. Compared to the local area, an over-represented number were of Aboriginal origin, unmarried and had large families. Many reported past drug and alcohol abuse. Additionally, the study fathers reported higher rates of depression and anxiety, and lower self-esteem, compared to the general Australian population, and higher levels of psychological distress (as measured by the GHQ-12) compared to the average Australian male. All these demographic, family and psychological factors have been linked to child maltreatment risk world-wide (J. Brown et al., 1998; Chaffin et al., 1996; Nivison-Smith & Chilvers, 2007; Sedlak et al., 2010; Sidebotham & Heron, 2006; Stith et al., 2009).

The similarity of participants in this study with those of a large study of child protection families in the Australian state of Queensland are particularly striking. The

Queensland study found that Aboriginal parents were over-represented, and 40% of households with substantiated cases of child maltreatment came from the most socio-economically disadvantaged areas of the state (Department of Child Safety, 2009). Comparable to this statistic, 59% of the fathers in the present study resided in the most socio-economically disadvantaged areas of NSW (Australian Bureau of Statistics, 2013b). In addition, 19% of parents in the Queensland child protection system had a current or previously diagnosed mental illness (Department of Child Safety, 2009), which is similar to the 15% of study fathers who said they had been diagnosed with a mental illness. The median age of fathers involved in the Queensland child protection system was 34 (Department of Child Safety, 2009), which is very similar to the median age of the fathers in the current study (*Mdn*=33.5).

Since the participants were typical of child protection parents in Australia and other western countries, findings from the current study may be relevant to child protection fathers in other parts of Australia and other countries. Most previous research on parental risk factors has been conducted with mothers only, or has combined mother and father data under the gender neutral terms of 'parent' or 'caregiver' (Stith et al., 2009). Therefore, the present study helps to fill the gap in knowledge about fathers' demographic, family and psychological characteristics. The present study findings also support the pervasiveness and robustness of the associations previously found between parental characteristics and child maltreatment in families, even when study participants are fathers only.

Which Demographic and Family Factors Were Associated with the Fathers' Psychological Well-being?

Although the present study only demonstrated associations between psychological functioning and demographic and family factors, and accordingly cannot determine causation, the overall pattern of quantitative results, together with the qualitative data and previous research, suggest that fathers' psychological well-being was linked to their

children. Those fathers who already had their children restored to them, or where restoration was already in progress, reported the best psychological functioning, with the lowest levels of depression, anxiety and general psychological distress, and the highest levels of self-esteem, compared to any other grouping of study fathers. Grouping the fathers by sole parent status yielded the second best psychological functioning scores. This is not surprising given that many of the single fathers had had their children restored to them, so these two grouping categories overlapped considerably. In contrast, the group of study fathers who still had children in out-of-home care displayed the poorest psychological functioning of any other grouping category, with the highest depression, anxiety and GHQ-12 scores, and the lowest self-esteem scores. This link between separation from their children and psychological distress appeared to be related to fathers' current situation only, since the number of months separated from their child, and ever having had a child placed in out-of-home care, were not associated with depression, anxiety or general psychological distress. In addition, the qualitative data illustrated the emotional pain, including suicidal ideation, experienced by many fathers when they were separated from their children. This is consistent with previous qualitative research of fathers in child welfare families which has found that fathers experience distress, loss and grief, despair and even suicidality when their children are taken from them (Barker et al., 2011; Bui & Graham, 2006; Cameron et al., 2014; Smithers, 2012).

Interestingly, living with a partner was not associated with the study participants' psychological well-being. This finding is inconsistent with those of the 1997 Australian NSMHWB study , where GHQ-12 score was the lowest for men who were living with a partner (Korten & Henderson, 2000). The NSMHWB survey also found that those Australians living alone, or in a household consisting of one parent and their children, had higher GHQ-12 scores than those living with a partner, whether or not there were children living in the house (Korten & Henderson, 2000). Therefore, although in the Australian

population in general, living with a partner is associated with less psychological distress and being a sole parent is associated with greater psychological distress, in the present study living with a partner was not associated with better mental health, whereas living with their child, especially as a sole parent, was associated with better psychological functioning. A possible explanation for these conflicting findings is that the partners of the men in the present study may have had personal issues such as drug abuse and serious mental health problems that resulted in problematic interactions with their partners as well as with their children.

Was Evidence Found Supporting the Negative Stereotypes of Fathers in Child Protection Families?

The third research question investigated whether there was confirmatory evidence for the prevailing negative stereotypes of fathers in child protection families as uncommitted, unattached, and uninvolved parents who are unable to cope with childcare responsibilities, who are unwilling and unable to cease their substance abuse, and who irresponsibly father children to numerous women (Bellamy, 2009; L. Brown, Callahan, et al., 2009; Ewart-Boyle et al., 2013; Ferguson & Hogan, 2004; O'Hagan, 1997; Scourfield, 2001; Storhaug & Øien, 2012). Given extant qualitative research on small groups of fathers receiving support services similar to those of the participants' parenting program, the hypothesis was that these fathers would be amongst the more committed, involved and responsible parents, therefore not fitting these stereotypes. This hypothesis was supported, and findings from the present study indicate that, despite displaying almost all the typical characteristics of parents in child protection families, these fathers appeared to be committed parents, emotionally invested in their children, very involved in childcare, and willing and able to give up drugs and alcohol. Typically they had either remained with the mother of their children or had not re-partnered. These findings challenge, rather than confirm, the stereotypes of child welfare fathers.

In contrast to the stereotype that fathers in child welfare families have little commitment to their children, most of the fathers in this study were committed enough to give up alcohol and drugs for their children and attend an intensive and long term program to become better parents and prove they could be trusted with their children. This deep commitment to their children was also evident in the life story interviews and other qualitative data. Congruently, previous studies have also found that some fathers in child welfare families do have the commitment and desire to be heavily involved in their children's lives (Bui & Graham, 2006; Cameron et al., 2014; Ferguson & Hogan, 2004; Storhaug & Øien, 2012).

Both the quantitative and qualitative results in the present study found an association between being separated from their children and considerable psychological distress, challenging the assumption that fathers in child protection families are not attached to or emotionally invested in their children. In addition, the quantitative data found that half the fathers living with their partners and children were their children's primary caregiver. Furthermore, the qualitative data revealed that some fathers were the primary caregiver before separating from their partner or before their children's placement in out-of-home care. Non-resident fathers in the present study also reported very high involvement in the lives of their children, caring for them weekly, or even daily, before their removal from their mother. These findings challenge the stereotype that fathers in child protection families are uninvolved in childcare. Studies of child welfare fathers in Norway, Scotland and Canada have also found that some fathers report being very involved in the care of their children, often as the primary caregiver (Cameron et al., 2014; Smithers, 2012; Storhaug & Øien, 2012). Moreover, the sole parent fathers in the present study displayed better psychological functioning than those who were not sole parents, challenging the assumption that fathers are not able to cope with child rearing responsibilities.

Another widely held negative perception is that fathers in child protection families are unwilling and/or unable to change. However, this study found that most of the men had stopped using drugs altogether, and three quarters of the fathers only drank alcohol rarely or not at all. Although it is a condition of participation in the fathers' intervention program that men do not have untreated substance abuse issues (King & Houston, 2008), it was still surprising that substance abuse was not an issue for any of the study participants. From the qualitative data many of the fathers said they previously abused drugs and alcohol, but most had given up *before* involvement with the fathers' centre. The qualitative data also revealed that many study participants had criminal records, but no longer engaged in those activities. Some reported having relinquished criminal activity 20 years ago. Other research has also noted some men's desire and capacity to give up substance abuse and criminal activity for the sake of their children (Cameron et al., 2014; Ferguson & Gates, 2013; Storhaug & Øien, 2012).

A Subgroup of Fathers within Child Protection Families

It is important to acknowledge here that the fathers in this present study had sought assistance from the fathers' program from which they were recruited, and hence may not be representative of all child protection fathers. Most previous studies of child welfare fathers have also recruited participants through their involvement with some type of support service (Barker et al., 2011; Bui & Graham, 2006; Ferguson & Gates, 2013; Smithers, 2012; Storhaug & Øien, 2012). The fathers associated with the centre are likely to be those who are the more committed, involved, and motivated parents. The admission criteria for entry into the parenting program also screened out men with unaddressed substance abuse, domestic violence and mental health issues. Nevertheless, the present study indicates that within the typical child protection parent population there exists a subgroup of fathers who do not fit the stereotypes.

Suggesting that not all fathers in child protection families are the same should be unsurprising since substantial heterogeneity is found in most populations, regardless of the number of common factors. More specifically, fathers' involvement in the lives of their children has become increasingly complex, so diversity amongst fathers should be expected (Bellamy, 2009). Most extant literature on child protection parents, however, emphasizes common factors, not diversity, unfortunately contributing to generalizations, assumptions and stereotyping of individual fathers within this population. For example, in the study of parents in the Queensland child protection system, it is just as valid to state that at least half the parents did *not* have a current or past drug and/or alcohol problem as it is to say that nearly half did (Department of Child Safety, 2009), indicating substantial variation within this population. Furthermore, conflating 'past' with 'current' substance abuse in statistics may mask important distinctions between groups of parents, such as those who are motivated to change and those who are not. Similarly, conflating abusive and non-abusive parent statistics obscures important distinctions that should be made between these two groups of parents (Sidebotham & Golding, 2001; Stith et al., 2009).

Implications for Policy and Practice

Challenging the stereotypes. The most obvious implication for policy and practice is the need to challenge the stereotypes that *all* fathers in child protection families are uncommitted, uninvolved, unable to cope as parents, irresponsible and unable to change. The present study, in addition to previous studies, has provided contradictory evidence. From the reported experiences of child welfare workers across the globe, there are undoubtedly some men who do fit this picture (Zanoni et al., 2013). However, until further research is conducted, it is not known if most, half or only a small proportion of fathers in child welfare families do fit these stereotypes.

It is important to challenge these negative assumptions because they hinder engagement with fathers who could potentially be a positive resource for children and/or

provide a loving home for children maltreated by their mother (Zanoni et al., 2013).

Placing children with their non-maltreating, committed and involved parent, rather than

with strangers in out-of-home care, must be less traumatic for children, not to mention the

significant safety risks associated with out-of-home placement (Euser et al., 2014). If the

non-maltreating parent is a man, they should not be ignored and avoided, or treated with

suspicion and mistrust, just because of their gender (Smithers, 2012). As Trevor, one of

the fathers in the present study, articulated, *"..the thing that burns me more is how come*

they didn't give them [his children] *to me instead of putting them in foster care. How come*

they put my kids through all of this torment…". It should be the standard practice of child

protection workers to explore the suitability of children's fathers, whether resident or not,

as viable placement options when children are at risk of harm from their mothers. Each

father's risks and resources should be assessed objectively, without preconceived

assumptions and biases (Smithers, 2012; Storhaug & Øien, 2012). Allowance should be

made for those fathers who can prove they have made positive changes in their lives. The

qualitative findings of this study showed that fathers felt they were not listened to or

believed. Studies in other countries have also highlighted that many fathers in child

welfare families feel they are not listened to or believed, and are discriminated against

(Cameron et al., 2014; Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012).

Whilst there is a constant need to be cautious and to verify the facts, fathers should be

engaged with and listened to so that child protection workers are able to make accurate and

unbiased judgments about individual fathers.

Making accurate assessments of fathers. There are several implications from this

study regarding how to make accurate assessments of fathers. Although the fathers

appeared to be typical child protection parents when simply examining their demographic,

family and psychological profiles, allowing them to share their stories revealed important

characteristics not immediately obvious to an assessor. Only by listening to these fathers

did their deep commitment to and love for their children, their long term involvement in daily childcare, and their willingness to make lifestyle changes, become apparent. Other researchers have highlighted the need to delve more deeply into the lives and struggles of individual fathers in child protection families in order to know and understand them more adequately (Dubowitz, 2009).

Regarding the assessment of substance abuse, the present study suggests that past drug and alcohol use should not be the criterion for determining current parenting capacity. Rather, *current* substance use should be assessed, and fathers should be given the chance to prove they can change. Similarly, just because a man has a criminal record does not mean he is still a criminal. From the qualitative results of this study, some fathers spoke about changing their life many years ago. It should be their *recent* criminal activity, and whether or not the offenses were related to violence, that is relevant to the assessment of current parenting risk.

It is also important to ascertain how involved in childcare the father has been. It may be that he has been very involved for many years, or has successfully raised children previously, and is therefore an experienced and adequate parent, albeit one with scope to improve his parenting skills. This study also reveals subtle findings regarding mental illness. If a father suffers from depression and anxiety after the removal of his children, this does not necessarily indicate he has a long term mental illness and is unfit to parent, but rather may be viewed as an understandable response to the grief of losing his children. These findings suggest that such mental health concerns may resolve after reunification.

Supporting fathers in child protection families. The present study has implications for how services and interventions can best support fathers in child protection families. From the qualitative results of this study, and from other research, it appears that fathers want to be listened to, believed, and given the chance to prove themselves (Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012). Fathers also want to

be understood and treated with respect (Zanoni et al., 2013). Further, this study suggests it is likely that some fathers in child protection families may be suffering from clinical levels of depression and anxiety due to the removal of their children, and would benefit from professional treatment. Another factor found to be strongly associated with increased risk of depression in the present study was physical illness or incapacity, so those fathers suffering from serious health issues that prevent them from working should receive particular attention. Given their extremely low incomes and low educational levels, it is probable that these fathers also need assistance in accessing and navigating the legal system if they wish to gain custody of their children.

Limitations and Strengths

There are some limitations to the present study. Firstly, the small sample size reduced the power of the statistical analyses conducted and restricted the use of more complex statistical models. However, most previous research with child welfare fathers has been conducted with similar, if not smaller, sample sizes (Barker et al., 2011; Bui & Graham, 2006; Ferguson & Hogan, 2004; Smithers, 2012) and it is difficult to find fathers in child welfare families who are willing to participate in research (Mirick, 2013; Sidebotham & Golding, 2001; Zanoni et al., 2013). It is also worth noting that despite the reduced power of statistical analyses due to the small sample size, a number of statistically significant results were found. These findings, therefore, seem quite robust and worthy of further investigation in a larger sample. Secondly, this study was based solely on participants' self-report, so details of the men's stories could not be verified from alternative sources. However, fathers tend not to be heard in research as well as in child protection practice, so presenting the perspectives of fathers may provide important insights into how to improve child protection services and interventions (Cameron et al., 2014; Soderstrom & Skarderud, 2013). Thirdly, the sample was not drawn randomly from the total population of fathers in child protection families. The difficulties in obtaining a

representative sample of men in such families has already been noted. Regardless of this sampling issue, the fathers in this study were found to be very typical of child protection parents in terms of their demographic, family and psychological profiles. Finally, some pertinent questions were not asked due to ethical considerations, such as why child protection services where involved with the family, and whether or not the child safety concerns included the father as well as the mother.

Future Research

As far as the authors are aware, this is the first study of fathers in child protection families to include quantitative psychological measures and detailed questions regarding family situation, in addition to demographics. Replicating this study in other countries and contexts would be worthwhile. Furthermore, replicating this study with a larger and more representative sample, particularly including uninvolved and disinterested fathers, and those with current substance abuse and violence issues, would help determine what proportion of child welfare fathers do fit the stereotypes and what proportion do not, and how to distinguish between them (Cameron et al., 2014). Also, future studies could use other sources of information to verify fathers' self-reports, such as case workers' notes and interviews with partners and ex-partners. Independent and detailed information about the nature of a family's child protection involvement would identify whether or not the father, as well as the mother, was involved in the child maltreatment. This would allow researchers to investigate the characteristics of fathers who are child maltreatment offenders and those who are not. Making this distinction is very important so that in practice the non-perpetrating parent is not assumed to be a threat to their children, when in fact they may be nurturing and competent caregivers (Stith et al., 2009). Regarding the mental health of these fathers, longitudinal research is needed to confirm that fathers' mental health does improve once their children are restored to them. Finally, all child welfare research should separate mother and father data, perpetrator and non-perpetrator

data, and past and current substance abuse data, so that a more comprehensive and nuanced understanding of child protection parents, and the heterogeneity within that population, can be gained (Stith et al., 2009; Zanoni et al., 2013).

Conclusion

This study demonstrates the existence of a subgroup of fathers in typical child protection families who do not fit the common negative stereotypes of being uncommitted, uninvolved and unable to change. This subgroup of fathers are committed, emotionally invested and involved parents who are willing and able to give up drugs and alcohol. Therefore, there is a need to challenge these negative stereotypes so that fathers are engaged with and accurately assessed without prejudice in child protection services. Fathers who are substance abuse-free, committed, involved, and eager to care for their children should be given the chance to prove that they are capable parents. Findings from this study suggest that some fathers in child protection families are vital, yet often unrecognized and untapped, resources for vulnerable children (Ferguson & Hogan, 2004).

Chapter 5: Child Protection Fathers' Experiences of Childhood, Intimate Partner Violence and Parenting *

Chapter Preamble

Chapter 5 extends the examination of fathers as valuable resources for their children. Although Chapter 5, like the previous chapter, uses a mixed methods design, this chapter is based primarily on qualitative data, supported by quantitative data. This qualitative data allows for a deeper understanding of the life stories of some child welfare fathers. Similarly to the previous chapter, Chapter 5 challenges some negative stereotypes by reporting fathers' IPV victimization in addition to perpetration, and their attempts to protect their children rather than harm them. The unique contribution of this chapter, in addition to its mixed-methodology, is that it reveals very personal and sensitive information regarding child welfare fathers' histories and lives, rarely reported previously.

Abstract

Research on mothers in child protection families has revealed that they often have a history of childhood abuse. Research has also shown that a considerable proportion of child maltreatment co-occurs with intimate partner violence (IPV) towards the mother. However, there is a dearth of research on the childhood histories and IPV victimization experiences of fathers in child protection families. To address these gaps in the literature this exploratory mixed method study of 35 men associated with a parenting program in Australia investigated fathers' childhood experiences, exposure to IPV and concern for their children's safety. Although this study was conducted with a specific group of fathers screened for serious personal problems, the findings suggest that, similar to mothers in child protection families, there are some fathers within typical child protection populations who have histories of childhood abuse and IPV victimization. In addition, many of the fathers in this study tried to protect their children from maltreatment related to the other parent. The main implication of the findings is that child protection fathers who have histories of abuse and IPV victimization should be afforded the same support and assistance as mothers in similar situations.

Introduction

A mother's history of childhood maltreatment and Intimate Partner Violence (IPV) victimization are factors known to increase the risk of her children being maltreated (Hartley, 2002, 2004; Ross, 1996; Sidebotham & Golding, 2001; Stith et al., 2009). However, little research has investigated if these same associations exist for fathers. There is a dearth of knowledge about fathers with children who are involved in Child Protection Services (CPS), as fathers have tended to be overlooked by both child protection practitioners and researchers, and these fathers themselves have proven difficult to reach by both services and studies (Zanoni et al., 2013). Although in some studies fathers have been interviewed about their experiences of being involved with CPS (Coady, Hoy, & Cameron, 2013; Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012; Strega et al., 2009), few studies have sought to investigate fathers' childhood experiences, exposure to IPV, or concerns for their children's safety relating to the other parent. The aim of the present study was to address these gaps in the literature by exploring the life stories of a small group of fathers whose children had been involved with CPS in Australia. A review of the scant existing literature suggests that a small percentage of fathers may have similar life experiences to many women in child protection families, having suffered maltreatment themselves as children, having endured IPV victimization, and wanting to protect their children from harm by the other parent. The association between IPV victimization and child maltreatment needs to be addressed within the larger body of knowledge on men as victims of IPV in general. Furthermore, the literature on fathers in general suggests that just as mothers can play a protective, positive role in the lives of at-risk children, so too can fathers. The extant literature also suggests that the benefit of father involvement may be transmitted to the next generation.

Fathers' Life Stories and Childhoods

A limited number of studies have investigated the life stories of fathers involved with CPS. One such study was conducted with 18 fathers in Canada, and themes such as children being a motivation for positive life changes, fathers rescuing their children from unsafe situations with their mothers, and fathers' concerns about the effect of parental conflict on children, were reported (Cameron et al., 2014). Other studies focusing on fathers' experience of CPS rather than their life stories have noted a history of childhood trauma, incidents of alleged false allegations of child sexual abuse, and disclosures of IPV perpetration as well as victimization (Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012; Strega et al., 2009). However, these findings have mostly pertained to only one or two individuals in each study. Some larger scale studies have also noted CPS fathers' frequent history of childhood maltreatment. For example, a study of 1,266 families identified for child neglect in Canada found that 21% of the fathers had been maltreated as children, according to the case social workers (Dufour et al., 2008). In a study of 162 parents with allegations of child maltreatment in the UK, forensic psychologists determined that between 22-56% of fathers believed to be the perpetrators of child maltreatment had been physically and/or sexually abused as children (Dixon et al., 2007). However, the number of non-perpetrating fathers with childhood histories of abuse was not reported. The "Children of the Nineties" longitudinal study of parental risk factors for 162 maltreated children in the UK, found that 34-36% of fathers reported in a postal questionnaire that their childhood was not really happy or unhappy, 11-14% said their parents had been physically cruel, and 1-4% said they had been sexually abused in childhood (Sidebotham & Golding, 2001). Whilst many CPS fathers report similar childhood experiences to CPS mothers, fathers' life stories also appear to contain unique features, such as confessions of IPV perpetration, and being falsely accused of sexually abusing their children.

Fathers as Victims of Intimate Partner Violence

The topic of male victims of IPV is contentious, with some researchers asserting that IPV is symmetrical (i.e. perpetrated equally by men and women) (Dutton, 2008; Straus, 2008, 2011). However, the majority of researchers in the domestic violence field contend that IPV is not symmetrical, as most perpetrators of serious IPV are men, and those women who are violent usually act in self-defense (Dobash & Dobash, 2004; M. Johnson, 2006, 2011). Both research perspectives claim that the other is motivated by political agendas (i.e. feminism or men' rights) and that the other's studies contain methodological and sampling flaws (Dutton, 2012; Dutton & Corvo, 2006; M. Johnson, 2011). In an attempt to resolve this debate, Johnson (2006) proposed that there are four different types of IPV. Of most relevance are two very distinct types of IPV, 'situational' or 'common' couple violence, and 'patriarchal' or 'intimate' terrorism. According to these paradigms, most IPV is situational couple violence and is symmetrical, whereas a small proportion of IPV is intimate terrorism and is almost exclusively male perpetrated (M. Johnson, 2006). Large-scale, nationally representative studies conducted by the governments of the UK, US and Australia have supported the gender asymmetric view by demonstrating that women report significantly more violence and injuries from their partner than do men, and the majority of victims of sexual violence are women (Australian Bureau of Statistics, 2013a; K. E. Smith, Osborne, Lau, & Britton, 2012; Tjaden & Thoennes, 2000). The rate of male IPV victimization in the community according to these studies is 5-11%, compared to 17-24% of women (Australian Bureau of Statistics, 2013a; Coker et al., 2002; Office for National Statistics, 2014; Tjaden & Thoennes, 2000). Interestingly, a nationally representative study of 703 young adults in Sweden who reported exposure to IPV in childhood found that 5% of participants had witnessed unidirectional mother-to-father violence, 22% had witnessed unidirectional father-to-

mother violence, and 71% reported bidirectional violence (Miller, Cater, Howell, & Graham-Bermann, 2014).

Although there are significantly less male, compared to female, victims of IPV, even 5% of the total population of a country equates to a substantial number of male victims. Additionally, there is now evidence, from self-report and third party sources, that some of these men experience severe and non-mutual IPV (Dixon et al., 2007; Dufour et al., 2008; Hines, Brown, & Dunning, 2007; Hines & Douglas, 2010). Male victims can experience physical and psychological abuse that is as damaging as the intimate terrorism experienced by some women (Allen-Collinson, 2009; Coker et al., 2002; E. Douglas & Hines, 2011; Dutton, 2007; Hines & Douglas, 2010; Migliaccio, 2002). Studies also show that female perpetrators use strategies similar to those of male perpetrators to control and diminish their victims. However, female perpetrators are more likely to compensate for their lesser physical strength by using an object, such as a bat or knife, to injure their partner (Capaldi et al., 2009). Additionally, male victims are less likely to report the abuse and seek help. This appears to reflect an unwillingness to acknowledge their victimization, the shame and stigma of being abused by and afraid of a woman, the fear that they will not be believed, and the fear of being accused of being a perpetrator and arrested (Allen-Collinson, 2009; E. Douglas & Hines, 2011; Hines & Douglas, 2010; K. F. Hogan, Hegarty, Ward, & Dodd, 2011; Migliaccio, 2002; Tsui, Cheung, & Leung, 2010). Research suggests these fears may be well-founded. A study of 190 male callers to a domestic abuse helpline for men in the US showed that men who did call the police or standard domestic violence helplines reported being disbelieved or accused of being a batterer, and were often referred to batterer programs (Hines et al., 2007). The 2012 Personal Safety survey of 17,201 Australians found that 58% of women never contacted police regarding their experience of past partner violence, whereas 80% of men never contacted police (Australian Bureau of Statistics, 2013a). This Australian survey also

found that 39% of women currently experiencing partner violence never sought advice or support, whereas 70% of men in this situation never sought advice or support. Another difference between male and female victims of IPV is that male victims are more vulnerable to false allegations of partner and child abuse due to the common stereotype that men are predisposed to aggression and violence. For example, a study of 302 men who reported severe IPV from their female partners found that 67% of participants reported being falsely accused of IPV against their partner, 49% of those with children were falsely accused of physically abusing their children, and 15% were falsely accused of sexually abusing their children (Hines & Douglas, 2010).

A further difficulty with the issue of men as victims of IPV is that it is well recognized by those who work with male perpetrators of IPV that these men often claim to be the IPV victim, blame their partner, and refuse to take responsibility for their own abusive behavior (Bancroft, 2002; Morris, 2009; No to Violence, 2011). This has likely contributed to the widespread cynicism towards men who claim to be victims of IPV and deny being the primary perpetrators of IPV. A study conducted on the Men's Advice Line, a telephone service dedicated to supporting male victims of IPV in the UK, reveals some relevant statistics. It found that of 2,903 men who initially identified themselves as victims of IPV, the trained helpline workers determined that 51% were actual victims of abuse, 16% were the primary perpetrators of abuse, 1.4% were engaged in mutual domestic violence, 13% were in unhappy but not abusive relationships, and in 17% of cases the final domestic violence category was unknown or uncategorized (Respect, 2013). Additionally, 15% of the callers initially identifying themselves as the victims of abuse shifted their identification by the end of the call, with 3% finally identifying themselves as perpetrators (Respect, 2013). Therefore, although there is evidence that some men do make false claims of being victims when in reality they are the primary aggressors, it appears that the majority do not. Given the controversial nature of this issue, it is pertinent to highlight that

the organization managing this helpline (Respect) was created by an informal group of practitioners working with male perpetrators of domestic violence (Respect, 2014). After seven years of focusing solely on perpetrators, they expanded to include services to male victims of domestic violence.

Another factor to note is that abused men display similar characteristics to abused women, usually exhibiting low self-esteem and depression, accepting the blame for the abuse, minimizing or excusing the perpetrator's behaviors, and minimizing or denying the extent of injuries they have incurred at the hands of their partner (Allen-Collinson, 2009; K. F. Hogan et al., 2011; Migliaccio, 2002). Furthermore, female perpetrators of intimate terrorism appear to use similar strategies of blaming their victim, denying responsibility, and falsely accusing their victim of abusing them (Hines et al., 2007). It is of critical importance, therefore, that practitioners are able to distinguish between genuine victims of non-mutual IPV and primary perpetrators of IPV, regardless of gender.

Co-occurrence of Intimate Partner Violence and Child Maltreatment

In addition to the body of research on male victims of IPV, there is emerging evidence that child maltreatment can be present in families where the father is the victim of IPV. The rate of co-occurrence between the IPV victimization of mothers and child maltreatment has been estimated to be between 30-60%, with a median co-occurrence rate of 40% (Appel & Holden, 1998; Edleson, 1999). In some studies the co-occurrence rate is as high as 75% (Cavanagh et al., 2007; Fusco, 2013). Most research on children exposed to domestic violence has been informed by mothers' reports (Øverlien, 2010) or has only included cases where mothers were the victims of IPV (Hartley, 2002, 2004). However, the co-occurrence of IPV and child maltreatment in families where the mother is the perpetrator of both has received little attention, even though studies have identified this phenomena (Ross, 1996). For example, a study of 1,266 families identified for child neglect in Canada indicated that 40% of mothers and 11% of fathers were victims of

domestic violence, as assessed by the investigating social workers (Dufour et al., 2008). While the authors commented on the need to focus on spousal violence against mothers in neglectful families and provide appropriate support to help mothers protect their children, there was no comment on the 11% of fathers ($n = 63$) in similar situations.

Two studies investigating the co-occurrence of child maltreatment and IPV explicitly acknowledged that women can be perpetrators of both partner and child maltreatment (Dixon et al., 2007; Ross, 1996). The first study found that of a total of 162 parents with allegations of child maltreatment made against them, the mother was the perpetrator of both child maltreatment and IPV in 14% of cases ($n= 23$), as determined by case forensic psychologists (Dixon et al., 2007). The authors concluded that whilst fathers were significantly more likely to commit both IPV and child maltreatment, a more holistic perspective in both research and practice is needed, rather than focusing exclusively on violent men (Dixon et al., 2007). The second study was conducted with a nationally representative sample of 3,363 American parents, using the self-report Conflict Tactics Scale to measure violence towards one's children and partner (Ross, 1996). Controlling for age of the child, age of the parent, SES of the family, race, and gender of the child, it was found that violence by the wife towards the husband was a statistically significant predictor of the mother's physical abuse towards her child. For both husbands and wives it was found that the greater the amount of violence towards a spouse, the greater the probability of physical abuse towards the child. Although this relationship was stronger for husbands, when the wife was violent towards her husband, there was a 38% probability that she would also physically abuse her male child (Ross, 1996). Therefore, even though there is a greater likelihood of men perpetrating both partner and child abuse, there is evidence that some women also engage in both forms of violence.

The Protective Benefits of Fathers

Since a small proportion of mothers maltreat both their partners and their children, it is important that child protection workers can accurately distinguish between parents who are and are not a risk to their children, regardless of gender. It is not the case that all child protection fathers are a threat and/or negative influence in the lives of their children. Rather, fathers in general have been found to confer protective benefits to vulnerable children (Zanoni et al., 2013). For example, a study of 1,480 families from the Fragile Families study in the US, demonstrated an association between positive father involvement with a child and lower maternal child physical abuse risk (Guterman, Lee, Lee, et al., 2009). Another study examining child welfare record data from 1,969 child welfare cases in the US found that children in cases where a father had been identified by child welfare spent less time in foster care and were more often reunified with a parent than those children in cases where no father was identified (Burrus, Green, Worcel, Finigan, & Furrer, 2012). A further study conducted with 141 community participants, almost half of whom had been maltreated as children, found that the quality of care from their father during childhood, and the current severity of depressive symptoms, were better predictors of adult quality of life than childhood maltreatment (Rikhye et al., 2008). Maternal care was not a unique predictor of quality of life.

Intergenerational Transmission of Protective Benefits

There is some indication that the protective benefits that fathers in general confer on their children may extend to the next generation. As the co-occurrence of IPV and child maltreatment is well-acknowledged, so is the intergenerational transmission of child maltreatment. However, although there is a substantial body of research reporting the statistical associations between childhood experiences of abuse and increased risk of maltreating one's own child, the intergenerational transmission of child maltreatment is not inevitable and the cycle of abuse is not perpetuated in most families (de Paúl, Milner, &

Múgica, 1995; Jaffee et al., 2013; Newcomb & Locke, 2001; Widom, 1989). Key factors in breaking the cycle of abuse tend to be related to the quality of interpersonal relationships (Jaffee et al., 2013). Fathers have been found to play an important role in halting the continuation of child maltreatment between generations. For example, using a measure of child abuse potential to indicate possible future child maltreatment of their own children, a study of 403 Basque university students found that those with a history of childhood abuse and high levels of father support during their childhood had the lowest levels of child abuse potential, and those with a history of abuse and low levels of father support had the highest levels of abuse potential (de Paúl et al., 1995). In fact, father support was a more important predictor of abuse potential than the presence of a childhood history of abuse. Similarly, a US study of 78 mothers found that father support during childhood was the factor most strongly associated with decreased child abuse potential scores (Caliso & Milner, 1994). In addition, a longitudinal study of 14,138 children in the UK found that one of six factors that predicted if a mother had a child registered with Child Protection was her own father being absent during her childhood (Sidebotham & Golding, 2001). Therefore, in parallel with the concept of the intergenerational transmission of child maltreatment, these studies suggest there may also be an intergenerational transmission of protective factors, with fathers making a unique and important contribution.

Aim of this Study

As shown in the preceding literature review, there is evidence suggesting that some fathers in child protection families may have similar life stories to those of many mothers in these families. Practitioners have identified that some fathers have suffered from childhood abuse and that a small proportion of child protection cases involve primarily female-perpetrated maltreatment against both their children and their male partner. However, little research has specifically examined fathers' self-reported childhood experiences or the co-occurrence of father-victim IPV and child maltreatment. In addition,

there has been almost no research on child protection fathers' parenting concerns for their children. To address these gaps in the child protection literature, the current study explored the question of whether or not some fathers in child protection families have similar childhood, IPV and parenting experiences as those common to many child protection mothers.

Method

Both quantitative and qualitative methods were employed to provide complementary data. This approach allowed for the examination of both objective measures and more detailed aspects of participants' experiences, and has been recommended for the study of fathers (Øverlien, 2010; Roggman et al., 2002).

Participants and Procedure

Participants were 35 men associated with a fathers' parenting intervention program in Sydney, NSW, Australia. All men were, or had been, engaged in the program, except for three men who were receiving assistance from the staff but chose not to participate in the program. The two primary aims of the program are to break patterns of destructive family behavior and facilitate the restoration of children from out-of-home care to their father's care (King & Houston, 2008). Men convicted of child sexual assault are refused entry into the program. Men with current substance abuse and/or acute mental illness problems, or men who have been violent towards any family member in the past six months, are also not accepted into the program unless they are being closely monitored by health care professionals (King & Houston, 2008).

Thirty four participants completed a set of quantitative measures during a face-to-face interview. In addition, a sub-sample of nine fathers shared their life stories in a separate, audio-recorded interview. One father gave a life story interview but did not complete the quantitative measures. The life story interviews were semi-structured and

conversational, and began with the researcher asking participants to describe their childhood. Field notes supplemented the life story interview data since ten additional fathers volunteered personal information about their childhood and/or IPV situation during the quantitative interviews.

These data were collected as part of a larger study examining the demographic, family, and psychological profiles of participants (Zanoni, Warburton, Bussey, & McMaugh, 2014a). Five questions on IPV were included because program staff had alluded to IPV concerns in their work with these men. This research was approved by the human ethics committee of Macquarie University, Sydney, and by the partner organization who runs the fathers' program. After the study had been explained participants gave written consent to be interviewed. The questions regarding intimate partner violence received particular ethical consideration and were prefaced by the interviewer stating, "The next few questions ask about your experience of violence in your home. You can choose not to answer any of these questions."

Measures

Childhood variables.

Own father's involvement. Participants were asked, '*How involved was your own father in your upbringing?*' (Bronte-Tinkew & Horowitz, 2010) and responses were either *2 = very involved, 1 = a little involved* or *0 = not at all involved.*

Role models. Participants were asked '*Are there any role models who have influenced you as a parent? If so, who are they?*' (Masciadrelli, Pleck, & Stueve, 2006). Participants were coded as having a positive father role model if they said their father or both parents were a positive role model. Participants were coded as having no positive family role model if they said either they had no role model, program staff were their only role model, or they did *not* want to be like their own father (i.e. he was a negative role model).

Abusive childhood. This was coded based on qualitative data from the life story interviews and field notes. Those participants who described any type of abuse or neglect were coded as having an abusive childhood. In addition to the nine life story interviews, four other fathers volunteered information about their childhood during the quantitative interviews. Therefore, a total of 13 participants provided data regarding their childhood.

Intimate partner violence (IPV).

IPV victimization. An abbreviated and modified version of the Conflict Tactics Scale (Straus, 1979) was used to assess increasing severity of couple conflict and IPV. Participants were asked to respond with either '*yes*' or '*no*' to the following three questions: '*Have you ever had a partner or ex-partner push or shove you, or throw things at you?*', '*Have you ever had a partner or ex-partner kick, bite, slap or punch you?*', and '*Have you ever had a partner or ex-partner hit you with a hard object or stab you?*'. From these three questions one variable was created measuring IPV severity on a 4-point Likert scale, where *0 = no IPV, 1 = mild IPV, 2 = moderate IPV and 3 = severe IPV*. Participants who answered 'no' to all three questions were categorized as having no IPV, those who said 'yes' to being pushed or shoved were categorized as having experienced mild IPV, those who said 'yes' to having been kicked, bitten, slapped or punched were categorized as having experienced moderate IPV, and those who said they had been hit with a hard object or stabbed were considered to have experienced severe IPV. In all but one case, those who said they had been hit with a hard object or stabbed also said they had been kicked, bitten, slapped or punched, so this variable represents the highest level of IPV victimization reported by a participant. The questions deliberately used the phrase '*partner or ex-partner*' so the perpetrator could not be identified.

IPV perpetration. Due to ethical considerations, it was not possible to ask participants if they had aggressed against their partners by using the same adapted Conflict Tactics Scale questions as used to measure IPV victimization. Instead, participants were

asked, '*Have you ever been charged for hurting a partner or ex-partner?'*. They were also asked if those charges were subsequently dropped. Since information about charges for IPV are on public record in Australia, asking these questions did not risk the researcher being obliged to report participants to the authorities if they admitted to violence against a partner. From these two questions, a single dichotomous variable was created to indicate likelihood of IPV perpetration, where *0 = never charged* (i.e. less likely to be a perpetrator of IPV) and *1 = charged and the charges were not dropped* (i.e. more likely to be a perpetrator of IPV). Due to the ambiguity of the situation where participants had been charged but those charges were later dropped ($n = 5$), this category was not included in the analysis.

Child protection issues for participants' children.

Children in out-of-home care initially. It was determined whether or not participants' children were in out-of-home care when they first contacted the fathers' program by asking the fathers if they had ever been separated from their children, and if so, for how long. It was considered by the program host organization to be unethical to ask participants directly why their children were involved in CPS and/or removed from their home.

Restoration occurred or imminent. Participants were asked if their children were currently living with them, and if not, who they were living with, revealing current out-of-home placement.

Results

Data Analysis

Analyses of the quantitative data were conducted with the SPSS 20 statistical package. Descriptive statistics of the variables were examined, and Pearson's correlations were used to explore the associations between variables. A thematic analytic approach was

used for the qualitative data as this method offers the flexibility to explore selected themes without being constrained by either existing theories, or the need to create a theory (Braun & Clarke, 2006). Although frequently subsumed within other methods of qualitative analyses, thematic analysis can be considered a method in its own right, and is particularly useful within the field of psychology (Braun & Clarke, 2006). The qualitative data were searched for the broad themes of childhood experiences, IPV experiences, and participants' parenting concerns for their children.

Quantitative Results

Descriptive statistics. Descriptive statistics for fathers' childhood and IPV factors, and their children's out-of-home care status, are given in Table 6.

Childhood. Almost two-thirds of the study participants reported that they did not have very involved fathers (65%) or positive father role models (62%) during their childhood. Half the participants reported no positive family role model, suggesting difficulties with both parents and the absence of any other family member to provide positive parenting role models. Apart from biological parents, other family role models were brothers, grandmothers, and in one case, a foster father. Almost a quarter of the participants (24%) explicitly stated that they did not want to be like their father or wanted to parent differently to their own parents. Of the 13 participants who provided qualitative data concerning their childhood, almost two-thirds (62%) described abusive childhoods.

IPV. Twenty-six men (77%) said they had experienced a partner or ex-partner push, shove or throw things at them. Twenty men (59%) said they had a partner or ex-partner kick, bite, slap or punch them, and 14 (41%) had a partner or ex-partner hit them with a hard object or stab them. In total, 21 men (62%) reported moderate to severe IPV victimization. Most study participants (65%) reported never having been charged for IPV. Seven men (20%) reported they had been charged for IPV and those charges had not been dropped.

Child's out-of-home care status. Of the 20 fathers whose children had been in out-of-home care when they initially contacted the fathers' program, half already had their children restored to them or the restoration process was already in progress.

Table 6

Descriptive Statistics of Participants' Childhood, IPV and Child's Out-of-home Care

Variable (range)	*N*	*M*	*(SD)*	Not at all	A little	Very much	
Childhood factors							
Father involved in upbringing (0-2)	34	.94	(.89)	14 (41%)	8 (24%)	12 (35%)	
				Yes	**No**		
Positive father role model	34			13 (38%)	21 (62%)		
No positive family role model	34			17 (50%)	17 (50%)		
Abusive childhood	13			8 (62%)	5 (38%)		
IPV factors				**None**	**Mild**	**Moderate**	**Severe**
IPV victimization (0-3)	34	1.82	(1.19)	7 (21%)	6 (17%)	7 (21%)	14 (41%)
				Never charged	**Charges upheld**		
IPV perpetration	29			22 (65%)	7 (20%)		
Child's Out-of-home care status				**Yes**	**No**		
Child ever in OOHC	34			20 (59%)	14 (41%)		
Child restored	20			10 (50%)	10 (50%)		

Correlations between childhood, IPV and out-of-home care variables.
Associations between participants' childhood, IPV factors and out-of-home care status are given in Table 7. There was a positive correlation between the participant's father being involved in their upbringing and having a positive father role model. Having a father involved in the participant's upbringing and having a positive father role model were both

negatively correlated with having experienced an abusive childhood. Having no positive

family role model was positively associated with having an abusive childhood. It is worth

noting that the correlation between IPV victimization and IPV perpetration was weak and

non-significant ($r = .15$).

Having their father involved in their upbringing and having a positive father role

model were both correlated with participants having their child already restored from out-

of-home care. Having no positive family role model was correlated with not having their

children restored. No childhood or IPV factors were significantly correlated with initially

having a child in out-of-home care.

Table 7

Pearson's Correlations between Childhood, IPV and Child Out-of-Home Care Status

	Own father involved	Positive father role model	No positive family role model	Abusive childhood	IPV Victimization	IPV Perpetration
Own father involved in childhood	-					
Positive father role model	.33[+]	-				
No positive family role model	-.14	-.79**	-			
Abusive childhood	-.55*	-.85**	.63*	-		
IPV victimization	-.01	-.14	.20	.08	-	
IPV perpetration	-.16	-.11	.26	.41	.15	-
Child Ever in OOHC	-.19	-.08	.24	-.18	.03	-.10
Child restored	.57**	.52*	-.41[+]	-.30	-.29	-.47[+]

Note. [+] $p < .10$. *$p < .05$. ** $p < .01$.
Abusive childhood $n = 13$. IPV perpetration $n = 29$. All other variables $n = 34$

Qualitative Results

A thematic analysis of the qualitative data was conducted in order to explore the three themes of childhood experiences, IPV experiences, and child protection concerns for their own children. All participants and their family members were assigned pseudonyms to protect their identity. Suburb and city locations have also been replaced with fictional names to further ensure the anonymity of participants.

Childhood.

Abusive childhoods. Of the 13 participants who discussed their childhood, five men (38%) described happy, or at least not unhappy, childhoods. However, 8 study participants described unhappy childhoods, with some having experienced extreme and long term maltreatment. Five men recounted being abused by their fathers. Ben recalled, "*Dad used to severely beat me up for not going to school. He actually had a 20 minute conversation with me while he was hitting on my chest, pounding me through the floor of the house one night.*" Alistair said, "*I don't remember much of it* [his childhood] *because the bits I do remember is just being abused a lot. I know my dad was an alcoholic and he used to abuse me and my mum a lot… I think because when I was younger, I was old enough and used to try and stand up when he used to abuse my mum. So then* [he'd] *take it out on me.*" Stanley disclosed that at the age of 8 his father threw him against the edge of a table and broke his back. He is now unable to find employment because even a minor back injury could cause paraplegia. During his childhood Stanley also witnessed his father raping his two younger sisters. He used to cook for and take care of his younger sisters, until they were placed in out-of-home care.

Three men voluntarily revealed that they had been sexually abused as children, two by their own fathers and one by his grandmother's partner. Bernard disclosed that during his childhood his father sexually abused his sister. After his sister was placed in out-of-home

care, his father began to sexually abuse him. Edward said he was raped by his grandmother's partner when he was a young child and that it continued for several years.

For three study participants, however, it was their mother rather than their father who maltreated them during their childhood. Interestingly, in each of these cases the participant's biological father was absent from the home due to the parents' divorce or the fathers' job commitments. Simon recalled his childhood in this way:

"*It's a bit hard when I was growing up young because I didn't have a father around... I used to come home from school and my mum was drunk. Asleep while cooking. You know then took drugs. Just an alcoholic she was and popped pills. I saw things I shouldn't have seen. Lying back with another man.... I've been through a lot when I was young. I even tried to kill myself when I was young* [7 years old]*… I used to get beaten by a broom, jug cord, a stick... My own mother. She used to hit me for no reason sometimes … I used to get good hidings where I was black and blue*".

Edward recounted the following:

"*My mum and dad divorced when I was three…A lot of fights outside the house, police were called all the time. We had to change doctors when I was 7 because my mum broke into the doctor's surgery to get all medications. So we were barred from four medical centers in Blackwall. Very hard for us that when we got sick to try to find a doctor… My mum abandoned us in Margoryton…That was a big ordeal because we were left standing on the street for about 12 hours until dad got there* [Edward was 4 years old at the time]*".

Delinquent boys' homes and out-of-home care. Some of the study fathers were in and out of boys' juvenile homes or foster homes. For example, Ben spent a large part of his teenage years in various juvenile delinquent boys' homes because he began truanting from school at the age of 12. He said he learnt drugs from his stay in one of these homes, and how

to steal cars from another home. Alistair recalled, "*I was always running away from home when I was old enough to do it…. Maybe 13? In and out of boys' homes*." After Bernard told his sister that their father was sexually abusing him, he was placed in a boys' home. However, he was sexually abused by one of the staff there, so was moved to another home. Bernard couldn't remember when he left school because he was moved so often. He fathered his first child at the age of 15. Dennis's mother was addicted to drugs and his father had schizophrenia and was in prison for many years when he was a child. Dennis had been in foster care since the age of three. Stanley was also in and out of foster homes throughout his childhood. Roland lived with his grandmother until he was 13, then he moved in with his parents.

Intimate partner violence (IPV).

Victims of IPV. Four of the nine men (44%) who agreed to give their life stories reported being victims of IPV. An additional four men mentioned having been stabbed by their ex-partners during the quantitative interviews. Therefore, a total of 8 of the 19 participants who provided qualitative data (42%) described being physically abused by an ex-partner. For example, Bruce said his ex-partner stabbed him twice, once in the neck and once in the shoulder. Tim said he received 33 stitches where his partner had stabbed him, and he was very proud of the fact that at no time did he ever hit her back. Bernard said his partner had stabbed him in the chest with a screwdriver whilst he was driving. Adam said his ex-partner had stabbed him with a knife. In a separate incident, Adam recounted that one day when he walked through the front door of their home his ex-partner began hitting him with a cricket bat. His daughter came out to greet him, so he bent over her to protect her and consequently received bruising all down his side and back.

Colin said that his ex-partner was abusive to both him and their children:

"She was calling him [his son] *a spastic and stuff like that. I said you don't dare do that because - I knew there was something wrong with him but you don't call him names and you don't put him down… she'd end up calling me a spastic and then she'd hit him and she'd attack me and hit me, just defending my children… We used to have a metal bar, it was …pretty heavy. She tried to smack me over the head with it actually and I've put me arm up and she's hit me arm....She would bite and sometimes tried to pull my hair…One day because my son was asking for a juice, he wanted juice. He brought out the juice bottle because she had to get him juice, she was that upset, she'd turn around and threw it at my head, split my eye open."*

IPV victims not helped. Two fathers who disclosed being victims of constant IPV described how their victimization had not been believed or had been minimized by the police and child protection workers. These participants did not receive the help and support they needed. Roy's story is an example:

"I remember them [the police] *coming out and I'd have cuts on my forearms…and there was an acoustic guitar just in splinters all over the place. They just didn't really seem to want to take it seriously at all, they just said, look we're not relationship counsellors, you sort it out…. I remember one occasion where we were on our way to a marriage counsellor because DOCS* [child protection services] *had suggested we do this…*[His partner was] *getting really upset and started hitting me at the bus stop and a bystander called the police and when the police turned up, they straightway just made straight for me, grabbed me, put me on the ground, cuffed me. Went to her, are you all right? You okay, did he hurt you?... But even then they - when I said, look I didn't lay a finger on her, she's been hitting me over and over again, she's been hitting me, I haven't touched her, I haven't even raised my voice at her. They needed to hear that from her, which they did, and then they came back over, so why*

was she hitting you? What were you doing?…They ended up saying 'you're lucky this time, next time we'll get you'."

Colin wanted help to leave his partner since both he and his children were being abused, but instead child protection workers repeatedly suggested they have relationship counselling:

"It was on several occasions I told her, I said, I don't want to be with this woman and she [the child protection worker] *just kept trying to push for family counselling and trying to get us help… I just wanted some advice, guidance or - I just wanted to know what I could do, what my options …. I wanted to leave her on many occasions… I wanted to take the kids with me… Where am I supposed to go with three children?... I didn't have anywhere to go… Being the way they were I've only got two arms. I could carry the girls but Josh and the way he was* [autistic], *he could have just run off. I was scared that he'd just run off, run on to the road, get hit by a car. I thought it would have been very hard to try and leave with bags and the kids on my back".*

False allegations. Ten of the 35 fathers (28%) claimed that they had been falsely accused of either IPV or child abuse. For example, Ben said,

"So I got the shits one day and picked my daughter up, locked the screen door and climbed in my car and drove off. She then rang the police and said that I kicked the front door in, abducted my daughter after beating the shit out of her… and all this sort of stuff….. Anyway, Mum had to take my daughter to the nearest police station where she lived so that they could just investigate, check her body out. The minute that they did all of that [and saw that his daughter was unharmed], *the desk sergeant came over and let me go home."*

Perry recounted that his partner left him not long after becoming pregnant with their child. After the birth, his baby son was removed from his mother and placed in out-of-home

care as there were concerns about the baby's safety. When Perry asked for custody of his son, his ex-partner claimed that during an ultrasound appointment he threatened to kill her and her baby. However, her brother was present at the ultrasound and he testified in court against his sister saying that Perry did not make those threats. Perry has since been given custody of his son. Adam was accused by his children's mother of physically abusing his children. However, when they were in court, the judge ordered one-on-one consultation with Adam's children and his children confirmed that it was in fact their mother's new boyfriend who had beaten them, not their father. The children were subsequently given into Adam's care.

In four cases, fathers reported that it was their mother-in-law making false accusations against them. For example, Alistair said, "*It's hard when - because the mother-in-law - she's got the baby at the moment, and she keeps going in there and telling - saying stories. We've never really talked, or been around each other, and they just seem to believe what she says anyway.*" Bernard reported that his mother-in-law told his eldest daughter to lie and say he had been sexually abusing her. When they went to court his daughter told the court her father had never done what she said but that she was afraid of her grandmother. All charges against Bernard were dropped. However, the child protection authorities still had in their records that he sexually abused his daughter. He was told by the child protection workers that being acquitted in court did not change their opinion that he was a child molester. Consequently, he is still not allowed to see his children. He has also been told that his case is closed, giving him no chance to clear his name. The fathers' program does not admit men convicted of child sexual abuse, so it is reasonable to assume that program staff had verified Bernard's acquittal of this charge by the court.

Perpetrating IPV. A few participants admitted to arguing with and yelling at their partners. Two men described incidents of assaulting their partners, and one father, Chad,

admitted to having been violent in the past. Chad said he didn't know what empathy was until he joined the fathers' program.

Roy described being charged with assault:

"*Yeah so I was holding Caroline* [his daughter] *and Janet* [his ex-partner] *was in the bedroom, she started shouting about something, I don't even know what it was. She came running out of the doorway at me and - because I was holding Caroline so I widened my stance a bit and turned my back to her. I had dreadlocks down to my bum at the time, she grabbed me by the hair and just pulled me off my feet... She seemed oblivious to the fact that I was holding a baby and she was just - so I threw a punch at her. The police got involved in that incident and I was charged...*"

Cliff also disclosed that he had been charged for assaulting his wife:

"*I've got one assault on my record... We had a big argument. It was out in the middle of the driveway and she was affected on* [benzodiazepines] *- so I've dragged her inside. She wouldn't come inside, she's yelling and screaming...Because of the fact I grabbed her by the arms - and she sat down on the ground. I didn't drag her along the ground, I picked her up and dragged her inside. It wasn't as if I dragged her by the hair into the house or anything, I just didn't want everything happening out in the middle of - because we live in a complex.*"

Three fathers acknowledged that there was a lot of arguing between them and their partners and that they would yell in frustration, often over the way their partner was treating their children. Colin said,

"*I couldn't handle it, we argued a lot and I used to threaten her, make death threats and stuff like that... I just couldn't understand the way she treated the kids sometimes especially being a mother... I was like, you're f---ing crazy... I don't hit women, I don't beat women and stuff like that. But there were times I wanted to actually kill her sort of thing*

because this is my children. Every time I try and pull her up and explain to her what she was doing was wrong, it's like a brick wall would come up and she wouldn't [have] *a bar of it, she wouldn't listen. I'd get so frustrated with her..."*

Similarly, Alistair said, *"Because I usually yell and scream at her* [his partner] *a lot, the way she used to treat Nathalie* [his daughter] *- be sitting in the lounge watching TV, and Nathalie would go up to her and she'd push her away with her feet. So I'd yell at her for it. You don't treat a little - she was only two when she was doing that to her."*

Fathers' parenting concerns for their own children.

Fathers as protectors when mothers are a risk. From this study there is evidence of fathers trying to protect their children by continuing to live with the mother, by offering to care for their children to release the mother from her caregiving responsibilities, and by removing their children from the mother. Colin described his situation in this way, *"To take me out of the home and leave Pam* [the mother] *alone with the kids, it's putting the kids in danger... I said* [to the child protection worker]*, I can't do that, I can't leave the kids alone with Pam by themselves."* Colin also offered to take care of the children, *"Because I'd say to Pam all the time, look if you can't do it, let me do it. Just go move out, live somewhere else, let me look after the kids. That's what I wanted and she didn't want any bar of that. She'd just say, oh if I can't have the kids, you're not having them."* Ben also offered to take care of his children, *"She rang me up crying, all upset, blah, blah, blah, don't know what to do with the kids. I said to her how about if you let James and Holly come and live with me, I've got a school at the end of my street, they can go there... The next day she rang me, her answer was Michael* [her boyfriend] *said no because we will lose too much money. Two weeks later they* [his children] *were taken* [into out-of-home care]*"*. Ben also allowed his ex-partner to live with him when she needed somewhere to stay, for the sake of his children, *"She flitted here,*

flitted there, moved around, different houses all the time. Used to ring me on a regular basis - we've got nowhere to stay. For the simple fact of having my kids in my house I used to let her come back so that my kids weren't living on the street."

Two fathers were so concerned about their children's safety that they took matters into their own hands and removed their children from their mother. Adam described how, about a year after he and the mother of his three children separated, she rang him late one night crying. He could also hear his children crying in the background so he immediately drove to her place. He found her with two black eyes and his children with bruises over their backs and arms. His children said that their mother's new boyfriend had hit them all. So, Adam took his children on the spot. "*Just took them to Newpenny and stayed up there a bit just to try and get their spirits back up and I done all that.*" This was not easy for him, as Adam recounts, "*I did it very hard the first couple of months. I was financially stressed, I had nothing. All the kids came with was the clothes on their back… I just wish us men got more things like women. You know what I mean like refuge, help, support.*" There was a court case, and he was granted full care of his three children.

Graham recounted, "[I] *took my daughter when she was six months old, due to the mother just putting her in a lot of danger, and didn't really care about Katie…So I took her and took off for two weeks, come back to a notice saying I had to go to court… Then, we went to court and the judge basically looked at her and laughed at her, and said you're not getting her back - that she stays with the father - he could clearly see everything that was going on...*"

Some fathers believed that both police and child protection authorities did not do enough to protect their children from their ex-partners. For example, Colin said that his children's mother used to verbally abuse his three children, lock them in their bedrooms for hours, hit them over the head, had slammed the door in their daughter's face resulting in her

nose bleeding, and had kicked their son in the stomach. He called the police numerous times, but, in his words, "*They* [the police] *weren't harsh enough on her… She'd recently been charged for assaulting my son and stuff so she has to go to court for that. But a lot of the times she was taken away… Always a couple of hours later she'd be back in the house and I thought that was wrong. Because if that was me the police would make sure I was gone and I wasn't allowed to return to the home because of the threat to the mother and the children.*"

Similarly, Perry described how his six week old son was removed from his mother and placed in out-of-home care due to the mother's severe post-natal depression. Not long after removal, child protection authorities decided to return his son to Perry's ex-partner, despite a report from the psychiatrist stating that he had fears for the baby's safety if he was given back to his mother. Only after Perry's lawyer intervened did child protection authorities change their decision.

Wanting to parent differently to their own parents. Eight of the 19 study participants who provided qualitative data (42%) expressed their desire to parent differently to their own parents and give their children a better childhood than they had experienced. Ben explained, "*I'm not going to be like the way my father was when he found out I was on pot and all this other stuff and go ballistic and beat the shit out of him* [his son]*, try and beat it out of him. I will sit him down and tell him what the outcome of it will be.*" Edward said, "*That's why I'm staying with my wife, I want to make sure we stay together so the kids get a stable upbringing…. As long as my kids don't go through the same thing. The trauma.*" Adam, whose own father had been severely abused as a child, explained; "*The older I got I realized that myself because my father …couldn't show love because he didn't have any love from his parents when he was young…. So me with my children a hug and I love you mean the world…. I didn't have that when I was young…Yeah giving them* [his children] *a good future*

which I didn't have." Colin described his attitude in this way, *"Because a lot of the things that I put up with as a child she* [his partner] *was doing to my children and I'm totally against it. Like flogging my kids or calling them names, I'm just totally against that. I was treated like that as a child and I didn't like it"*

Discussion

This mixed method exploratory study of 35 fathers associated with a fathers' parenting program in Sydney, Australia, explored the question of whether or not some fathers have similar childhood, IPV and parenting concerns as those of many mothers in child protection families. The findings indicated that many of the fathers in the study had experienced abusive childhoods, IPV victimization and concerns for their children's well-being, similar to the experiences of many child protection mothers. When drawing conclusions from this study, however, it should be noted that the study participants were drawn from a parenting program which screens out men with serious personal problems, such as current drug and alcohol abuse, and violence issues. It is therefore possible that these results only apply to a subgroup of fathers within the broader child protection population. Nonetheless, the fact that this subgroup of fathers exists is important for child protection policy and practice.

Fathers' Childhoods

Of the study participants who discussed their childhood, many had experienced maltreatment from either their father or their mother. In the quantitative data, half of the respondents reported that they did not have any positive family role model for good parenting. In the qualitative data some participants described being "beaten" and "flogged" as children. Three participants disclosed having been sexually abused by male family members, and one was also sexually abused by staff at a boys' home. Some participants had grown up with

alcohol and drug abusing parents, some had witnessed domestic violence between their parents, and one had witnessed the raping of his sisters by his father. Therefore, many men in this study experienced very difficult, even abusive, childhoods, similar to those experienced by many child protection mothers.

Despite the high rate of childhood maltreatment histories, the present study found a generally positive effect of participants' own fathers if they had been involved parents. Almost two-thirds of participants did not have a father who had been very involved in their upbringing or who was a positive role model. However, when participants did have a very involved father, this was associated with having a positive father role model, indicating that, in most cases, very involved fathers were a positive influence in their sons' lives. In addition, those participants who did have an involved father or a positive father role model, were less likely to report having an abusive childhood. Although this is only an association and therefore is not indicative of a causal relationship, this finding does suggest that the positive involvement of a father in his child's life may confer protective benefits, which is consistent with emerging evidence on the importance of fathers in their children's lives (see Zanoni et al., 2013 for a review). However, it is necessary to place this quantitative data beside the qualitative data describing the severe physical, and even sexual, abuse some participants endured at the hands of their own fathers. Together, these quantitative and qualitative data suggest that even though some individual fathers are extremely abusive, fathers who are very involved in their children's upbringing are typically a positive influence in their children's lives, even in child protection families.

Intimate Partner Violence

In the present study, more than 40% of the participants who provided qualitative data mentioned being physically abused by an intimate partner. Some of the reported acts of violence were quite severe, such as being struck by metal bars, cricket bats and guitars, and being stabbed with knives and screwdrivers. This qualitative finding was supported by the quantitative data where approximately 40% reported that they had been hit with a hard object or stabbed. More than half this sample reported experiencing moderate to severe physical abuse by a female partner. Given that most study participants had some form of involvement with CPS (see Zanoni et al., 2014, for details), these results suggest that there may be a subgroup of fathers within the CPS system whose partners are abusing both their children and themselves. The high co-occurrence rate of IPV and child maltreatment found in the present study (approx. 40%) is similar to that typically found for child protection mothers (Appel & Holden, 1998; Edleson, 1999). The co-occurrence of IPV victimization and child maltreatment was illustrated by Colin's story in particular, where he described his ex-partner's physical abuse towards his children and himself. His account was similar to that of an Irish child welfare father who reported 14 years of severe physical abuse by his wife (Ferguson & Hogan, 2004). The Irish father's three teenage children separately described how their mother had regularly beaten them and their father during their childhood. However, due to his tattoos and muscular physique, no one believed the Irish father was a victim of IPV. In the present study, Roy's story highlighted that even if there is clear physical evidence that a man has been assaulted by his female partner, and even if she admits to the assault, the violence against a man is often minimized or assumed to be justified. This is consistent with other studies that have also reported incidents where men are not believed to be the victims of IPV, even if their partner admits to being the aggressor (Hines et al., 2007; Migliaccio, 2002).

It was surprising that the current study found no association between experiencing an abusive childhood and IPV victimization, since the 2012 Australian Personal Safety survey demonstrated that men who had been physically and/or sexually abused before the age of 15 were more than three times more likely to have experienced partner violence than those without an abusive childhood (13.8% vs. 4.1%) (Australian Bureau of Statistics, 2013a). It is possible, however, that the sample size of those who discussed their childhood in the current study was insufficient to detect this association.

Whilst there is justifiable cynicism towards men who say they are victims of IPV, given the propensity of some abusive men to claim to be victims when they are in fact the primary perpetrator of the violence (Bancroft, 2002; Morris, 2009; No to Violence, 2011), there is consistent evidence that a small proportion of victims of severe IPV are men (Australian Bureau of Statistics, 2013a; Coker et al., 2002; Hines et al., 2007). There was no apparent motivation for the men in this study to make false claims of IPV victimization, since the focus of this study, as well as the focus of the fathers' program, was *not* IPV. Furthermore, due to the ubiquitous belief in Western society that only women can be victims of IPV, those men who claim to be victims of IPV risk being viewed as weak and feminine (Hines et al., 2007; Hines & Douglas, 2010; K. F. Hogan et al., 2011; Migliaccio, 2002; Tsui et al., 2010). In addition, the same methodology (i.e. allowing victims to tell their stories) has been employed with female victims of IPV for decades, and this has been considered a valid and useful approach (Hines et al., 2007).

The present study found that approximately a third of participants claimed to have been falsely accused of either domestic violence or child abuse. In at least three of these cases, the fathers reported having been cleared of these charges in court. One father was found not guilty of sexually abusing his daughter, yet the child protection authorities still had

in his record that he was a child sexual offender and determined that he should not be allowed to see his children. This is similar to an account of a child welfare father in Scotland who had been falsely accused of sexually abusing his step-daughter (Smithers, 2012). Even though the Scottish father was cleared of all charges in the criminal and civil courts, he was still treated as guilty by the child protection authorities and not allowed to live in his family home. Similar stories of false accusations of child sexual abuse against child welfare fathers have been found in studies in Norway and Canada (Storhaug & Øien, 2012; Strega et al., 2009). In addition, false allegations and 'using the system' against men has been reported in studies of male victims of IPV, indicating that female perpetrators sometimes use false accusations as another instrument of abuse (Hines et al., 2007; Hines & Douglas, 2010).

Regarding IPV perpetration, almost two-thirds of participants said they had never been charged for IPV, and only a fifth of participants reported sustained IPV charges. However, due to social desirability, some actual perpetrators of IPV may not have disclosed sustained IPV charges. In addition, almost 60% of IPV is not reported to the police by women (Australian Bureau of Statistics, 2013a), so the current measure could be an under-estimate. It is worth noting, though, that the fathers' program from which these participants were drawn does not admit men with current domestic violence issues into the program, so it is reasonable to accept that most study participants were not chronically violent men. Furthermore, some study fathers mentioned in passing that they do not believe in hitting women, regardless of how they were being treated or how frustrated they were with their partner. Men's determination not to retaliate and hit a woman has been referred to as "chivalric masculinity" and has been found in other studies (Allen-Collinson, 2009; Migliaccio, 2002). Although a few of the fathers in the present study admitted to verbally abusing their partners and

threatening them, their belief in this chivalric masculinity was consistent with the majority not reporting physical assault.

There is little evidence that the IPV occurring in these families was mutual situational couple violence. Rather, there was evidence of unidirectional female-to-male IPV, and a smaller amount of male-to-female IPV. If the IPV was mutual, a significant association would be expected between reported IPV victimization and IPV perpetration. However, no association was found.

It is important to situate the present study findings within the context of the broader IPV literature. Two studies that have accounted for male victims of IPV in their investigation of the co-occurrence of IPV and child maltreatment have demonstrated that mothers were the perpetrators of both child maltreatment and IPV in 11-14% of families (Dixon et al., 2007; Dufour et al., 2008). Therefore, it is probable that the present study's finding that approximately 40% of fathers reported being victims of severe IPV is higher than in the general child protection population. Participants in this study were a specific group of fathers who may represent a subgroup within the CPS system. Most were sufficiently motivated and committed to attend a parenting intervention program. None had been convicted of child sexual abuse, and they had been screened for unresolved IPV, substance abuse and untreated mental health problems (King & Houston, 2008). However, this is an important subgroup to understand as they do not fit typical negative stereotypes of child protection fathers (Zanoni et al., 2014a) and may bring substantial benefits to their children.

Most of the debate regarding men as victims of IPV has focused on prevalence rates in comparison to women. However, perhaps this focus on proportions detracts from the real issue that male victims of severe IPV do exist and need support. IPV is both a human issue and a gendered issue (Migliaccio, 2002). It is a human issue because all people, regardless of

gender, can be perpetrators and/or victims of abuse (Archer, 2002; Hines & Douglas, 2010). It is gendered because IPV is not the same between genders (Ansara & Hindin, 2011; Archer, 2002; Capaldi et al., 2009; Hamel, 2009; M. Johnson, 2006; Tjaden & Thoennes, 2000; Warner, 2010; Weston, Temple, & Marshall, 2005). Acknowledging that gender is an important factor in IPV should not diminish the significance of the fact that some men are victims of severe IPV, and suffer in similar, if not identical, ways to women (Coker et al., 2002; Migliaccio, 2002).

Fathers' Parenting Concerns

Like many mothers in child protection families, many fathers in this study had been very concerned about the safety of their children and often acted as protectors of their children. Some study participants offered to care for their children, others removed their children from the mother, and some stayed with their children's mother in order to protect them, even if it meant remaining in an abusive relationship. This finding of men remaining in abusive relationships for the sake of their children is consistent with the findings of the Hines and Douglas (2010) study of men reporting severe IPV from their female partner.

Of the 20 participants who had children in out-of-home care when they initially contacted the fathers' program, half already had their children restored to them or else the process of restoration had begun. Participants who said their own fathers had been involved in their life, and that they had a positive father role model, were significantly more likely to have had their children already restored. Even though the reason for this association is unclear, these findings suggest that the benefits of having a positively involved father may extend to the next generation, which is consistent with previous research (Caliso & Milner, 1994; de Paúl et al., 1995; Sidebotham & Golding, 2001).

Although there was a suggestion of a possible intergenerational transmission of protective benefits in the current study, there was little evidence for the intergenerational transmission of child maltreatment, with generally non-significant and mixed results in the associations between fathers' childhood factors and having children in out-of-home care. One possible explanation for this finding is that the child maltreatment was perpetrated by the children's mother, not father, in the majority of cases in this sample of CPS fathers. If this was the case, then a failure to find an association between fathers' childhood factors and their children's entry into out-of-home care would be expected. Another possible explanation is that some of the fathers who had experienced abuse and neglect themselves as children wanted to parent their own children differently and give them a better childhood than their own. That is, they were committed to breaking the cycle of abuse they had experienced. There is some evidence to support both of these explanations in the qualitative data where fathers described the ways in which their ex-partners had abused their children and their desire to parent differently to their own parents. It is also possible that the intergenerational transmission of child maltreatment is not as pervasive as is sometimes implied. Although parents who were themselves maltreated as children are statistically more likely to mistreat their own children compared to the general community, nonetheless, the majority (between 66-98%) of parents who were abused in their childhood do *not* go on to maltreat their own children (Alister Lamont, 2010; Sidebotham & Golding, 2001). Furthermore, the rate of intergenerational transmission of child maltreatment is thought to be less for fathers than for mothers (Dufour et al., 2008).

Implications

There are several implications for policy and practice from the present study. First, some fathers can be valuable resources and protectors for their children when children are at risk of harm from their mother. Therefore, all father figures in a child's life should be thoroughly assessed to determine if they are a viable placement option for children at risk of harm from their mother (Zanoni et al., 2013, 2014a). In addition, fathers may have experienced severe childhood trauma, including sexual abuse and therefore may require counselling and support services to the same extent as child protection mothers, so they can best fulfil their parenting role. It is also important to recognize that boys are at risk of sexual abuse as well as girls, especially in families where a father is known to have sexually abused his daughter. In families with a violent father, boys may also be at increased risk if they believe their role is to protect their mother and/or care for their younger siblings. These boys may need particular support. Furthermore, fathers may be victims of IPV, particularly if it is known that a mother is physically abusing her children. Even though it is likely that the proportion of fathers in this situation is small compared to mothers, it is important for practitioners to recognize that genuine male victims of IPV do exist within child protection families. These fathers may need assistance in protecting their children and keeping themselves safe. To suggest that male victims of IPV should receive support does not need to detract from, or compete with, the support of female victims of IPV (Archer, 2002). Both female *and* male victims of IPV should be emotionally supported and practically assisted. The most critical issue is how to distinguish between genuine victims of IPV and perpetrators who use false accusations as another vehicle of abuse, regardless of gender (No to Violence, 2011).

Limitations and Further Research

It is important to note that the study participants were not representative of all child protection fathers, since they were drawn from a single parenting program which screens out men with serious personal issues. However, demographically and psychologically these participants were typical of child protection parents (Zanoni et al., 2014a), and remarkable similarities were found between many of the findings in this study and those of studies involving child welfare fathers in other countries. Together these suggest that within any child protection population, a subgroup of fathers similar to those interviewed here may be found.

There is a further issue with the self-reported data used in this study. Self-report bias (whereby participants answer questions in a socially desirable manner) can be problematic with such populations and confirmatory data from other sources would be ideal. However, it was not possible to gain access to third party information for this sample due to ethical constraints on the types of data that could be collected. Nevertheless, fathers' voices have been relatively absent from the child protection and domestic violence literature, so it is important to add the accounts of fathers to the existing mother-focused literature.

Another limitation is that psychological abuse was not included in this study, and future research would do well to include it. Finally, the life story interviews were semi-structured and conversational, and neither childhood abuse, IPV victimization and perpetration, nor their own children's child protection involvement was directly questioned. The field notes qualitative data was also based on unsolicited information voluntarily provided by participants. Therefore, the qualitative data was not a systematic exploration of predetermined study themes, but was rather a reflection of the issues the participants chose to disclose to the researcher.

An additional limitation of the study was the small sample size of the quantitative data. Outliers can overly influence correlation statistics in small sample sizes. In the present study, however, the data provide a consistent picture of this group of child protection fathers. Given the small sample size, screening of program participants, and the substantial need for more research on fathers in child protection families, it would be worthwhile to replicate the present study using a larger and more representative sample. A mixed method approach is recommended since quantitative and qualitative data together create a richer and more balanced picture than either method alone. In addition, participants' self-reported data concerning their IPV experiences and their children's child protection involvement should be systematically verified from other sources, such as worker case notes and public prosecution records, if ethics approval can be gained. Determining if the participant was implicated in his child's maltreatment would also be very useful information to include in future research. Finally, future life story interviews should be more structured to ensure that all relevant topics are discussed by all participants. However, the importance of the researcher having the opportunity to build rapport with, and gain the trust of, participants should not be underestimated when the topics are as deeply personal and emotionally charged as childhood physical and sexual abuse, and IPV victimization and perpetration.

Conclusion

The present study suggests that a subgroup of fathers within the child protection system who are not chronically violent nor drug and alcohol abusing, have similar childhood, IPV and parenting experiences as many mothers. The qualitative and quantitative results together paint a coherent picture of unhappy and, in some cases, extremely abusive, childhoods. However, this study suggests that, although some participants had fathers who

had been abusive, in general, very involved fathers seemed to confer protective benefits to their sons. Additionally, the study participants themselves often acted as direct protectors of their children. This theme of fathers being either risks or resources, perpetrators or protectors, or occasionally both, has been noted previously (Zanoni et al., 2013). Furthermore, approximately half the participants reported they had been victims of IPV. In some cases at least, it appeared that the IPV was predominantly uni-directional female-to-male. This study adds to the growing literature reporting that a small percentage of victims of severe IPV are men. Therefore, since some fathers have experienced similar traumatic childhoods and IPV victimization, and have similar parenting concerns as some mothers in child protection families, fathers in these situations should be given similar levels of support as mothers.

Chapter 6: Which Father Factors are Most Strongly Associated with Risk of Child Maltreatment? An Australian Case Study

Chapter Preamble

Diverging from the theme of fathers as resources and protectors for their children in Chapters 4 and 5, Chapter 6 addresses the issue of child welfare fathers as risks to their children. The literature review in Chapter 2 demonstrated that there is a paucity of research exploring the child maltreatment risk factors of child welfare fathers since most previous studies have been conducted with mothers. In contrast to the mixed methods employed in Chapters 4 and 5, this chapter is derived from quantitative data only. In addition, Chapter 6 includes longitudinal, as well as cross-sectional, data. This chapter makes a unique contribution to the field by comparing the strength of associations between a wide range of demographic, family, childhood, life events and psychological factors with three distinct self-report measures of child maltreatment risk. Furthermore, Chapter 6 presents a new theoretical model for understanding parental risk factors for child maltreatment.

Abstract

Fathers and father figures are responsible for approximately half the incidents of child maltreatment and are overrepresented as perpetrators of serious child abuse. Despite these facts, little research has been conducted with fathers involved with Child Protection Services (CPS). Understanding which factors are most strongly associated with child maltreatment risk from fathers is vitally important in efforts to protect children. The current study aims to address this gap in the literature through a cross-sectional and longitudinal study of CPS fathers in Australia. Findings indicate that fathers' current psychological well-being (e.g. depression, self-esteem, parenting self-efficacy) is most strongly associated with three different self-report measures of child maltreatment risk. Understanding parental risk factors within a new conceptual framework suggests that interventions should focus on modifiable proximal internal factors. The key implication is that therapeutic and strengths-based approaches are needed in order to reduce the risk of harm to children from fathers.

Introduction

To further advance the field of child protection, fathers need to be placed on centre stage along with mothers. A robust body of evidence demonstrates that fathers and father figures influence their children's lives, for better or for worse, in similar ways to mothers (see Flouri, 2005; Lamb, 2010b; for review see Zanoni et al., 2013). Fathers can benefit at-risk children by playing a protective and caregiving role (e.g. Bellamy, 2009; Berger et al., 2009; Coakley, 2012; Dubowitz et al., 2001; Guterman, Lee, Lee, et al., 2009; Zanoni et al., 2014a; Zanoni, Warburton, Bussey, & McMaugh, 2014b). However, fathers can also harm their children, with approximately half the incidents of child maltreatment being perpetrated by fathers or father figures, and fathers being overrepresented as perpetrators of serious child injuries and fatalities (Coohey, 2006; Guterman & Lee, 2005; Klevens & Leeb, 2010). Therefore, understanding risk from fathers is of vital importance to keeping children safe. Yet there has been scant research on fathers in child protection families and their associated risk factors (Dubowitz, 2006; Schaeffer et al., 2005; Sidebotham & Golding, 2001; Stith et al., 2009). The current study sought to address this gap in the literature.

Father Risk Factors

There is limited research examining fathers at risk of child maltreatment (Dubowitz, 2006, 2009; Guterman & Lee, 2005; Lee et al., 2009). The extant literature on father and parental risk factors suggests that improving the psychological functioning of fathers may be critical to reducing maltreatment risk to children. For example, one large-scale study, the Avon Longitudinal Study of Parents and Children (ALSPAC), found that one of four factors that predicted children being placed on a child protection registry was a father's history of depression (Sidebotham & Golding, 2001). Another study, using data from over 2,000 biological fathers who participated in the Fragile Families and Child Wellbeing (FFCW)

longitudinal study, examined the associations between psychological characteristics and levels of spanking (Lee, Perron, Taylor, & Guterman, 2011). After controlling for socio-demographic factors and characteristics of the child, fathers' parenting stress, major depression, and drug and alcohol use, were significantly associated with higher levels of spanking. Using a sample of over 1,000 families in the FFCW study, another study revealed that paternal depression and parenting stress when their child was 3 years old was associated with increased odds of child neglect at age 5, after controlling for maternal parenting risks and household economic hardship (Lee et al., 2012). This study also found that the magnitude of the effect of fathers' depression was slightly stronger than the effect of the mothers' depression on the likelihood of neglect. A further study using data from a subsample of more than 1,000 biological fathers in the FFCW study reported that, after controlling for socio-demographic factors, paternal depression was associated with more than twice the likelihood of child neglect and child protection services involvement (Lee, 2012). It was concluded that in two-parent households, poor paternal psychological functioning, depression in particular, is associated with increased risk for child maltreatment, after controlling for socio-economic factors. In sum, the extant research suggests that the current psychological well-being of fathers may be the strongest risk factor associated with risk of child maltreatment.

Parental Psychological Risk Factors

The pre-eminence of psychological factors in risk of child maltreatment is not unique to fathers, as other studies have also found that the psychological well-being of parents (usually mothers) is more strongly associated with child maltreatment than socio-demographic factors. For example, a longitudinal study of over 7,000 parents found that the psychological well-being of parents was the most potent influence in the later development of self-reported physical abuse and neglect of their children (Chaffin et al., 1996). A study of

765 mothers and fathers in the U.S. military indicated that parental depression, parenting

distress and family conflict were predictors of child abuse potential for both mothers and

fathers, after controlling for parent age, education level and race (Schaeffer et al., 2005).

Amongst mothers receiving methadone treatment (*N*=171), maternal mental health problems

(mostly depression or anxiety) were found to increase the odds of a mother being involved

with Child Protection Services (CPS) by three times, after controlling for demographic,

family and substance abuse factors (Taplin & Mattick, 2013). Another study of over 6,000

children reported for maltreatment found that children whose caregiver already had a record

of mental health treatment at the time of the first report were at a greater risk of a re-report

(Jonson-Reid, Emery, Drake, & Stahlschmidt, 2010). Conversely, those children whose

caregiver started receiving mental health services following a maltreatment report had a

decreased risk of a re-report. This study also found that mental health treatment emerged as a

consistent predictor of reduced child abuse recurrence, whereas other factors, such as poverty,

lost their predictive value at later stages of recurrence. Furthermore, a recent study of over

2,700 mothers found that when factors such as childhood experiences, current level of stress,

and adequate levels of support, were taken into account, other factors including the number of

children in the family, financial stress and children's special needs were no longer significant

in explaining child abuse risk (Peltonen, Ellonen, Pösö, & Lucas, 2014). Finally, a meta-

analytic study of 39 risk factors for child maltreatment concluded that parent anger, anxiety,

depression and other forms of psychopathology, along with family conflict, were the most

important risk factors for child maltreatment (Stith et al., 2009).

In addition to depression, anxiety and stress, other aspects of parents' psychological

functioning, such as mastery, parenting self-efficacy and self-esteem, have also been linked to

child maltreatment. For example, a path analysis study using data from a longitudinal study

of 265 mothers found that the only route from experiencing childhood sexual abuse to the risk

of physically harming their child (as measured by the Parenting Stress Index) was through the

current depression of the mother (Mapp, 2006). This study also found that having a low sense

of mastery over their lives (as measured by the Pearlin Mastery Scale (PMS)) elevated

mothers' risk of child abuse by over four times that of experiencing childhood sexual abuse.

Another study based on FFCW data from over 3,000 mothers found that mothers' lower sense

of personal mastery (as measured by PMS) predicted greater parenting stress, which in turn

predicted greater child maltreatment risk, as measured by the Parent-To-Child Conflict

Tactics Scale (Guterman, Lee, Taylor, et al., 2009). A further study using longitudinal data

from a subsample of almost 3,000 mothers in the FFCW study found that mothers' high sense

of control over their life (as measured by PMS) decreased neglectful parenting (Kang, 2013).

In addition, three separate longitudinal studies of low income families found that parents'

high levels of mastery (measured by PMS) was also consistently associated with lower odds

of child neglect (Slack et al., 2011). In a representative study of over 200 men and women in

Finland, parents' high level of self-esteem and their use of mastery-oriented cognitive and

behavioural strategies were associated with lower parental stress and a positive parenting style

(Aunola et al., 1999). Studies by Bugental and colleagues have demonstrated a link between

both mothers' and fathers' low perceived parenting control and harsh parenting behaviours

(Bugental, 1989; Bugental & Happaney, 2000, 2004; Martorell & Bugental, 2006).

Furthermore, it has been found that fathers with a greater sense of parenting efficacy were less

likely to have neglected their children, after controlling for maternal education, age, parenting

satisfaction, child variables, and number of adults in the home (Dubowitz et al., 2000).

Finally, parental sense of competence was found to moderate the relationship between child

related stressors and abuse potential in a study of 47 couples (fathers included) involved in intervention services for maltreating families (Holden & Banez, 1996).

In sum, there is evidence that mother and father psychological factors such as depression, anxiety, stress, sense of mastery, self-esteem and parenting self-efficacy, are strongly linked to risk of child maltreatment. This is important knowledge because current psychological factors are more amenable to change than most socio-demographic factors. Since they are modifiable, interventions that address these issues are more likely to be effective in reducing the risk of maltreatment to children (Guterman, Lee, Taylor, et al., 2009; Lee et al., 2011; Solomon & Åsberg, 2012).

Measuring Parental Risk of Child Maltreatment

In order to identify the father factors most strongly associated with the risk of child maltreatment, risk of child maltreatment needs to be measured in some manner. However, it is not possible to know for certain which parents in any population have maltreated, do maltreat, or will maltreat their children in the future (T. M. Hogan, Myers, & Elswick Jr, 2006). Official CPS reports of child maltreatment may underestimate actual instances of abuse and neglect since some child maltreatment is undetected and/or unreported (Chaffin & Valle, 2003; Duffy, Hughes, Asnes, & Leventhal, 2014). Conversely, reporting of maltreatment in certain populations can be overestimated due to the surveillance bias of professionals working with families identified as 'high-risk' (Duffy et al., 2014). In addition, the accuracy of CPS workers' decisions of whether or not to file a report has been questioned (Guterman, Lee, Taylor, et al., 2009). In fact, some evidence suggests that parent self-report psychometric tools are more accurate than practitioner assessments in predicting risk of child maltreatment (Laulik, Allam, & Browne, 2013). Furthermore, access to official reports of child maltreatment may require special permissions that are difficult to obtain and may

involve challenging ethical considerations (Chaffin & Valle, 2003). For these reasons, many researchers use self-report assessment tools rather than official CPS reports to indicate a parent's risk of child maltreatment (e.g. Guterman et al., 2009).

The Present Study

The general aim of the current study was to add to the scant knowledge of fathers in child protection families by exploring the associations between a range of parental risk factors and three self-report measures of child maltreatment risk. The first specific aim was to explore these associations in a cross-sectional case study of fathers who were attending a father-specific parenting program for families with child protection concerns in Australia. The second aim of this study was to offer a preliminary longitudinal exploration of the associations between parental risk factors and risk of child maltreatment in a smaller sub-sample of these fathers who completed the same measures a year later. Quantitative and qualitative details of the demographic, family and psychological profiles, in addition to the childhood and IPV experiences, of this group of fathers is available elsewhere (Zanoni et al., 2014a, 2014b). It is also important to note that this study is not a program evaluation since the study participants were at different stages of the program for the initial interview and program attendance data was not provided.

Child maltreatment risk was assessed with the self-report Brief Child Abuse Potential Inventory (Ondersma, Chaffin, Mullins, & LeBreton, 2005) and the Parenting Stress Index – Short Form (Abidin, 1995). Although not designed to measure the risk of child maltreatment, the Parent-Child Relationship Scale (Pianta, 1994) was also used in this study to indicate a problematic attachment to one's child. A parent's poor attachment has been shown to be associated with high conflict and low closeness with their child, thereby increasing the risk of child maltreatment (Pianta, 1994). Using these three different self-report risk assessment

tools rather than one added to the robustness of this study. Based on the current literature, it was expected that factors reflecting the current psychological functioning of the fathers, including self-beliefs of self-esteem, mastery and parenting self-efficacy, in addition to depression and anxiety, would be more closely associated with measures of child maltreatment risk than socio-demographic factors. However, due to the paucity of research on fathers in child protection families, this study was exploratory and the hypothesis was tentative.

Method

Participants and Procedure

Participants were 34 men associated with a fathers-only parenting intervention program in Sydney, Australia. This program is targeted at fathers with children at risk of being placed in, or who are already in, the child protection system. Fathers are expected to attend one day or night per week during school term for a minimum of 1.5 years. The program consists of parenting education sessions and peer support therapeutic group work. The program adopts a strengths-based approach and adheres to the five key principles of support, equality, empathy, respect and self-determination (King & Houston, 2008). The fathers' program does not accept men into the program if they have current drug and alcohol problems, have been violent towards a family member in the past 6 months, or have an acute mental illness, unless these issues are being addressed with appropriate professional services and counselling. Those with a conviction for child sexual abuse are not admitted into the program (King & Houston, 2008). To the authors' knowledge, this intensive, long term fathers' program is the only one of its type in Australia, making this case study unique and the largest possible sample of such a group in Australia. It was not possible to augment the sample size with

fathers on the waiting list as no waiting list existed. Those fathers not suited to or not interested in the program were referred to other services.

Fathers in the study were referred to the program by the courts or a lawyer (33%), CPS (24%), or other support services, such as mental health and early intervention services (24%). Eighteen percent of fathers came to the program due to the suggestion of a friend or family member. The program coordinator invited men currently on the contact list to participate in the study. Only one man declined to participate, giving a 97% participation rate. Of the 34 men interviewed at Time 1, four had recently completed the program, five had recently commenced the program, two were receiving assistance from the co-ordinator but were not enrolled in the program, and the remaining participants were currently in the program, at different stages. All study participants were interviewed in person at the fathers' centre and verbally completed the measures, to accommodate those with poor literacy skills. A subset of 13 of the fathers interviewed at Time 1 were reinterviewed at Time 2, approximately 1 year later. Since participants were initially interviewed at different stages of program progress, with some having already finished the program at Time 1, only 13 participants interviewed at Time 1 remained in the program at Time 2. Some fathers had completed the program between Times 1 and Time 2, and some had left the program before Time 2 for other reasons (often unknown to program staff). Once they had left the program, the first author had little success in maintaining contact with the fathers as many changed their phone numbers or did not answer calls. Approximately one third of participants reported being of Aboriginal origin, and the remainder were Caucasian Australians. All study participants were born in Australia and none spoke a language other than English at home.

This research was approved by the human ethics committee of the authors' university in Sydney. Participation was voluntary and participants were given a $20 gift voucher for each interview.

Measures of Child Maltreatment Risk (Dependent Variables)

   Brief Child Abuse Potential Inventory (BCAPI). The BCAPI (Ondersma et al., 2005) is a 24-item version of the 160-item Child Abuse Potential Inventory (CAPI) (Milner, 1986). The BCAPI displays psychometric properties that support its use as a shortened version of the CAPI (Walker & Davies, 2012). The internal reliability for this measure was high in the present study ($\alpha = .90$). To categorise men at high risk of child abuse the conservative cut-off of 12 was used in the present study. This cut-off is equivalent to the full CAPI risk cut-off of 215 (Ondersma et al., 2005), and is recommended for clinical use (Chaffin & Valle, 2003).

   Parenting Stress Index (PSI) Short Form. The Parenting Stress Index (PSI) Short Form (Abidin, 1995) is a 36-item version of the full 120-item Parenting Stress Index (Abidin, 1983). The short form contains three subscales; Parental Distress (PD), Parent-Child Dysfunctional Interaction (PCDI), and Difficult Child (DC). Study participants were categorised as being 'at-risk' if they scored above the designated cut-offs according to the PSI Short Form manual. The Cronbach's alpha internal reliability of the three subscales was adequate to high in the present study (.82 for PSI-PD, .95 for PSI-PCDI, and .86 for PSI-DC).

   Parent-Child Relationship Scales (PCRS). The PCRS (Pianta, 1994) assesses parents' attachment relationship with their children and has two subscales; Closeness and Conflict. The 15 items in the PCRS (7 measuring closeness and 8 measuring conflict), are rated on a 5-point Likert scale, from *1 (does not apply)* to *5 (definitely applies).* Participants scoring more than two standard deviations higher than the norm for fathers on the Conflict

subscale and more than two standard deviations lower on Closeness than the norm for fathers, were considered to be in the 'at-risk' category. The norms for the Conflict and Closeness scales for fathers and their sons and daughters provided by Driscoll and Pianta (2011) were averaged in the present study to create norms undifferentiated by child gender. The Cronbach's alpha was .75 for the PCRS Closeness subscale and .92 for the PCRS Conflict subscale in this study.

Total number of risk indicators. This variable indicates the total number of child maltreatment risk subscales where the participant scored above the 'at-risk' cut-off.

Change in parenting risk at Time 2. At Time 2, change in the measures of child maltreatment risk was calculated by deducting the Time 1 score from the Time 2 score for each risk subscale. Thus, a positive score indicates increased risk, and a negative score indicates decreased risk, after one year.

Parental Risk Factors (Independent Variables)

Several parental risk factors known to be associated with child maltreatment were measured in the present study. Program effects could not be tested as participants' program attendance data was not provided.

Depression, anxiety and physical health. Participants were asked if they had any issues in the last 12 months related to depression, episodes of intense anxiety, and physical health problems. Answers were given on a 4-point Likert scale where *0 = never, 1 = rarely, 2 = sometimes* and *3 = often*.

Rosenberg Self-Esteem Scale. Self-esteem was measured with the Rosenberg Self Esteem Scale (Rosenberg, 1965). This is the most widely used measure of self-esteem and is considered a reliable, psychometrically sound measure of self-liking and self-competence (Schmitt & Allik, 2005). It consists of 10 items that assess a person's feelings of self-worth

and was scored from 1 (*strongly disagree*) to 4 (*strongly agree).* After reversing negatively worded questions, all items were summed, with higher scores indicating higher self-esteem. In the present study the internal reliability of the scale was good ($\alpha = .88$).

Pearlin Mastery Scale. The Pearlin Mastery Scale (Pearlin & Schooler, 1978) was used to assess participants feelings of control over their life circumstances. This scale consists of seven items and responses are given on a 4-point Likert scale ranging from *1* (*strongly disagree*) to *4* (*strongly agree*). After reverse-coding negatively worded items, responses were summed for the total score. Higher summed scores indicate a greater sense of control and mastery. The mastery scale has been widely used and the validity of the scale is deemed satisfactory (Eklund, Erlandsson, & Hagell, 2012; G. N. Marshall, 1990). The items in the Pearlin Mastery scale showed adequate internal reliability in this present study, with a Cronbach's alpha of .78.

Parenting Self-Efficacy. The Maternal Self-Efficacy Scale (Teti & Gelfand, 1991) was renamed in this study to incorporate use with fathers. This 10-item measure is based on Bandura's concept of self-efficacy (Bandura, 1982) and is situation or domain specific. The scale asks parents how good they are at performing specific parenting tasks such as soothing a crying baby and knowing what activities their child will enjoy. Parents answer with *1= not good at all, 2 = not good enough, 3 = good enough* or *4 = very good*. The internal reliability was adequate for this measure in the present study ($\alpha = .81$).

Demographics. Participants were asked their date of birth, if they were of Aboriginal origin, the number of children they have, their highest post-school educational achievement, and residential suburb postcode. The postcodes were ranked from lowest (1) to highest (10) Socio-Economic Index (SEI) according to the Australian Bureau of Statistics (Australian Bureau of Statistics, 2013b), creating the variable 'Suburb SEI'. Half of all participants could

not report their gross annual income so in these cases it was estimated from the government benefits they were receiving.

Living with family. Participants were asked whether or not they were currently living with a partner (80% of partners were the mother of their children) and if they were currently living with their own child/ren. Child Already Restored was a dichotomous variable indicating whether or not a father's child/ren had been restored to them from out-of-home care. If participant's child/ren had never been taken into care, they were given a missing value. Twenty of the 34 participants (59%) had children taken into care at some time before entering the fathers' program. Due to ethical considerations, permission was not granted to enquire about the reasons for CPS involvement.

Family Support Scale. The Family Support Scale (Dunst, Jenkins, & Trivette, 1984) assesses the degree to which different sources of support are available and helpful to families raising children. Each of the 18 items is rated on a 5-point Likert scale ranging from *Not Available* and *Not at all Helpful (0)* to *Extremely Helpful (4)*. The scale is divided into informal and formal sources of support with scores assigned for both types of support. Each score type was standardized by dividing the subcategory score by the number of items in the subcategory and adding a constant.

Number of life events. A list of life events was adapted from the Australian Longitudinal Study on Women's Health (ALSWH) and participants were asked to indicate if they had experienced any of these events more than 12 months ago (i.e. across their lifetime) and in the last 12 months (Women's Health Australia, 2014b). To the knowledge of the authors, a life events inventory has not been developed for, or previously used with, Australian men, hence the ALSWH was adapted for use with fathers (Dobson, Smith, & Pachana, 2005; Pachana, Brilleman, & Dobson, 2011). Female specific questions regarding

giving birth to a child, having a stillborn child or a miscarriage, were not included. However,

questions about physical and sexual abuse were retained since these were not considered

female-exclusive life events. The number of life events endorsed by participants were

summed to create one continuous variable to represent accumulated life stress (Women's

Health Australia, 2014a).

Own father's involvement. Participants were asked, '*How involved was your own*

father in your upbringing?' (Bronte-Tinkew & Horowitz, 2010) and responses were coded

either *2 = very involved*, *1 = a little involved* or *0 = not at all involved*.

Role models. Participants were asked '*Are there any role models who have*

influenced you as a parent? If so, who are they?' (Masciadrelli et al., 2006). Participants

were coded as having a positive father role model if they said their father or both parents were

a positive role model. If participants stated that they had no role model, program staff were

their only role model, or they did *not* want to be like their own father (i.e. he was a negative

role model) then they were coded as having no positive family role model.

Abusive childhood. This dichotomous variable was coded based on the qualitative

data of 13 participants. Those participants who described childhood maltreatment were coded

as having an abusive childhood.

Intimate partner violence (IPV) victimization and perpetration. Participants were

asked to respond with either '*yes'* or '*no'* to the following three questions: '*Have you ever*

had a partner or ex-partner push or shove you, or throw things at you?', 'Have you ever had

a partner or ex-partner kick, bite, slap or punch you?', and '*Have you ever had a partner or*

ex-partner hit you with a hard object or stab you?' (Straus, 1979)*.* From these three questions

one variable was created measuring IPV severity on a 4-point Likert scale, where *0 = no IPV,*

1 = mild IPV, 2 = moderate IPV and 3 = severe IPV.

Due to ethical restrictions and mandatory reporting requirements, it was not possible to ask participants if they had aggressed against their partners by using the same questions used to measure IPV victimization. Instead, participants were asked, '*Have you ever been charged for hurting a partner or ex-partner?*'. Participants were also asked if those charges were subsequently dropped. From these two questions, a single dichotomous variable was created to indicate likelihood of IPV perpetration, where *0 = never charged* (less likely to be a perpetrator of IPV) and *1 = charged and the charges were not dropped* (more likely to be a perpetrator of IPV). Due to the ambiguity of the situation where participants had been charged but those charges were later dropped ($n = 5$), this category was not included in the analysis.

Results

Data Analytic Strategy

All statistical analyses were conducted using SPSS 21 software. Correlation analyses were used to investigate the Time 1 cross-sectional associations between the dependent variables, and between the independent and dependent variables. Due to the small sample size, marginally statistically significant findings ($p < .10$) have been reported in the correlation analyses to highlight trends that emerged from the data. However, the marginally statistically significant findings should be interpreted with caution. Some of the parental risk factors were highly correlated, so regression analyses were conducted to determine which risk factors most strongly predicted child maltreatment risk measures after controlling for other factors. Only the five factors most strongly correlated with each child maltreatment risk subscale in the bivariate correlations were initially entered into a regression model due to the small sample size. Non-significant factors were systematically removed one by one until only variables that independently predicted the child maltreatment risk subscale remained. The

risk factor Abusive Childhood was not included in the regression analyses due to the small number of participants who provided information about their childhood ($n = 13$).

The longitudinal analyses utilized data from a subset of fathers ($n = 13$) who were reinterviewed approximately one year after the Time 1 interviews. The dependent variables for the longitudinal bivariate correlations were the changes in measures of child maltreatment risk subscales over the year. The independent variables were either changes in parental risk factors over the year (e.g. increased/decreased depression), stable risk factors measured at Time 1 (e.g. age and education), or Time 2 risk factors where change since Time 1 was negligible (e.g. number of children). A correlation analysis was used to determine the associations between these dependent and independent variables. The small sample size of the longitudinal data prohibited regression analyses.

Cross-sectional Results at Time 1

Measures of child maltreatment risk descriptive statistics. As shown in Table 8, the number of participants scoring in the at-risk category varied considerably depending on the measure of child maltreatment risk. Overall, however, at least 73% of participants did not score in the at-risk range on any one measure.

Table 8

Measures of Child Maltreatment Risk Descriptive Statistics at Time 1

Measure of Child Maltreatment Risk	*n*	*M (SD)*	Number (%) of participants in high risk category
BCAPI	34	9.79 (6.30)	9 (27%)
PSI – PD	34	29.47 (7.16)	7 (21%)
PSI – PCDI	31	21.29 (8.32)	8 (26%)
PSI – DC	31	25.45 (7.31)	2 (7%)
PCRS Closeness	31	32.13 (3.62)	7 (23%)
PCRS Conflict	31	15.65 (7.94)	5 (16%)
Total Number Risk Indicators	31	1.06 (1.26)	

Correlations between measures of child maltreatment risk. Table 9 shows the correlations between the measures of child maltreatment risk subscales. The BCAPI and PSI-PD were strongly positively correlated. The PSI child domain subscales were strongly positively correlated with the PCRS subscales (i.e. $p < .01$ for all correlations). The PSI child domain subscales and PCRS subscales were not correlated with the BCAPI or PSI-PD measures, except for PSI-PCDI which was moderately correlated with PSI-PD. The two child domain subscales of the PSI were strongly positively correlated.

Table 9

Pearson's Correlations between Measures of Child Maltreatment Risk

	n	BCAPI	PSI-PD	PSI-PCDI	PSI-DC	PCRS Closeness	PCRS Conflict
1. BCAPI	34	-					
2. PSI-PD	34	.71**	-				
3. PSI-PCDI	31	.27	.37*	-			
4. PSI-DC	31	.21	.31	.78**	-		
5. PCRS Closeness	31	.04	-.26	-.59**	-.51**	-	
6. PCRS Conflict	31	.19	.08	.60**	.79**	-.28	-

Note. *p* < .05. **p* < .01.

Correlations between parental risk factors and measures of child maltreatment risk. As shown in Table 10, the BCAPI and PSI-PD measures were strongly correlated with depression, anxiety, self-esteem and mastery (i.e. *p* < .01). However, strong associations with these psychological variables were not evident for the child domain subscales of the PSI or the PCRS subscales. Conversely, the child domain subscales of the PSI and the PCRS subscales were strongly associated with parenting self-efficacy, whereas the BCAPI and PSI-PD measures were not associated with parenting self-efficacy. Each of the psychological parental risk factors (i.e. depression, anxiety, self-esteem, mastery and parenting self-efficacy) was associated with at least half the child maltreatment risk subscales, with approximately 70% of these correlations being significant at the *p* < .01 level. All the psychological risk factors were associated with the total number of risk indicators.

The only strong associations (i.e. $p < .01$) with non-psychological factors were between fathers already having had their child restored from out-of-home care and lower BCAPI and lower PSI-PD scores, and between a greater number of stressful life events over the lifetime and higher BCAPI scores. The only non-psychological risk factors associated with the total number of risk indicators was the father having physical health problems and having an abusive childhood. Poor physical health was also associated with higher BCAPI PSI-PD scores. In addition, an abusive childhood was correlated with higher BCAPI scores. Having a larger family was associated with higher BCAPI and PSI-PCDI scores. Higher educational achievements were correlated with lower PSI-PCDI and higher PCRS Closeness scores. Living with a partner was correlated with higher scores on the PSI-DC and PCRS Conflict subscales, and lower scores on the PCRS Closeness subscale. Conversely, living with their child was associated with lower BCAPI scores and higher PSI-DC scores. Reporting a positive father role model and having their own father involved in their childhood were associated with reduced BCAPI scores. Reporting no positive family role model was correlated with higher BCAPI scores.

Table 10

Correlations between Time 1 Risk Factors and Measures of Child Maltreatment Risk

Risk Factor	BCAPI	PSI-PD	PSI-PCDI	PSI-DC	PCRS Closeness	PCRS Conflict	Total Number Risk Indictors
Current Psychological (Proximal Internal) Factors							
Depression	.62**	.46**	.32+	.36*	.07	.40*	.48**
Anxiety	.75**	.60**	.31+	.26	-.11	.36*	.53**
Self-esteem	-.65**	-.47**	-.44*	-.34+	.11	-.18	-.31+
Mastery	-.51**	-.62**	-.37*	-.20	.25	-.01	-.48**
Parenting self-efficacy	-.11	-.07	-.69**	-.59**	.43*	-.56**	-.50**
Other Factors							
Age	-.04	-.11	.23	.16	.15	.13	.04
Aboriginal	.30+	.27	.26	.31+	-.16	.10	.20
Poor physical health	.30+	.34*	.03	.30	-.16	.19	.45*
Number of children	.38*	.23	.37*	.09	-.06	-.07	.19
Highest education	.04	-.08	-.37*	-.24	.32+	-.08	-.06
Household income	-.23	-.23	.14	.21	-.07	.19	-.04
Suburb SEI	-.02	-.23	-.42*	-.26	.30	-.23	-.30
Lives with partner	-.19	-.07	.29	.38*	-.41*	.43*	.30
Lives with Child	-.38*	-.17	.17	.32+	-.22	.27	.06
Informal support	-.18	-.28	.01	.02	.06	.28	-.01
Formal support	.04	-.06	.29	.23	.04	.23	.07
Child already restored	-.73**	-.58**	-.09	.03	-.25	.08	-.20
Life events in past year	.30+	.30+	.07	.09	.17	-.08	.13
Positive father role model	-.38*	-.01	-.04	.07	-.14	-.02	-.04
No positive family role model	.30+	.11	.09	.00	.00	-.06	.11
Perpetrator of IPV	.31	.27	-.00	.10	-.04	.19	.18
Father involved in childhood	-.33+	.09	.08	.09	-.21	-.15	-.06
Abusive childhood	.69*	.38	.39	.49	.11	.41	.52+
Victim of IPV	.32+	.21	-.06	.02	-.01	-.01	.12
Life events over lifetime	.51**	.35*	-.08	.16	-.07	.12	.15

Note. PSI-PDCI, PSI-DC, PCRS closeness, PCRS conflict and Total number of risk indicators *n* = 31. BCAPI and PSI-PD *n* = 34. Child already restored *n* = 20. Perpetrator of IPV *n* = 29. Abusive childhood *n* = 13. All other factor variables *n* = 34.

+*p* < .10. *p < .05. **p < .01.

Regression analysis of parental risk factors that predict measures of child

maltreatment risk. Table 11 presents the final regression models of parental risk factors that

independently predicted child maltreatment risk measure subscales, after controlling for the

other variables in the model. This table shows that 70% of the risk factors that independently

predicted child maltreatment risk were psychological factors. Of these psychological factors,

anxiety appeared to be more associated with the parental distress risk measures, independently

predicting higher BCAPI and higher PSI-PD scores. Parenting self-efficacy, however, was

more associated with parent-child relationship measures, independently predicting lower PSI-

PCDI, PSI-DC, and PCRS Conflict scores. Whenever parenting self-efficacy remained in the

final model, it was consistently the most predictive factor, with t values between -3.60 and -

6.08. Mastery was associated with parental distress (PSI-PD), one child domain risk subscale

(PSI-PCDI), and total number of risk indicators. Anxiety, self-esteem and mastery alone

explained 50-67% of the variance in the personal distress measures (BCAPI and PSI-PD).

The same two psychological factors (Parenting self-efficacy and Depression) were predictive

of parent-child relationship subscales of PSI-DC and PCRS Conflict scores.

Only four non-psychological factors remained in the models after controlling for other

factors. Highest Education, Suburb SEI and Living with a Partner were associated with the

child-parent relationship subscales PSI-PCDI and PCRS Closeness, with Highest Education

predicting lower PSI-PCDI scores and higher PCRS Closeness scores, higher Suburb SEI

predicting lower PSI-PCDI scores, and Lives with Partner predicting lower PCRS Closeness

scores. The variable Physical Health Problems was predictive of a higher number of risk

indicators.

Table 11

Final Model Regression Results for Parental Risk Factors Predicting Child Maltreatment

Risk Measures at Time 1

Risk Measure (DV)	Parental Risk Factor (IV)	B	SE B	β	t	R^2 of final model
BCAPI	Anxiety	2.8	5.8	.57	4.87**	
	Self esteem	-.56	.175	-.37	-.3.18**	
						.67
PSI-PD	Anxiety	2.17	.81	.39	2.67*	
	Mastery	-1.03	.35	-.43	-2.95**	
						.50
PSI-PCDI	Parenting self-efficacy	-1.43	.24	-.61	-6.08**	
	Mastery	-1.12	.27	-.40	-4.19**	
	Highest education	-1.30	.43	-.29	-3.04**	
	Suburb SES	-.67	.32	-.21	-2.09*	
						.77
PSI-DC	Parenting self-efficacy	-1.15	.30	-.56	-3.89**	
	Depression	1.48	.73	.29	2.02	
						.35
PCRS closeness	Lives with partner	-3.26	1.22	-.43	-2.68*	
	Highest education	.66	.31	.34	2.14*	
						.29
PCRS conflict	Parenting self-efficacy	-1.17	.33	-.52	-3.60**	
	Depression	1.86	.80	.34	2.32*	
						.43
Total number risk indicators	Parenting self-efficacy	-.22	.04	-.60	-5.22**	
	Mastery	-.14	.05	-.32	-2.57*	
	Physical health problems	.47	.13	.46	3.63**	
						.66

Note. Initial models included the following variables: BCAPI; Lives with Own Child, Depression, Life Events Over the Lifetime, Mastery and Number of Children. PSI-PD; Life Events Over the Lifetime, Physical Health Problems, Depression, and Self-esteem. PSI-PCDI; Self-esteem and Number of Children. PSI-DC; Lives with Partner and Self-esteem. PCRS Closeness; Parenting self-efficacy and Suburb SEI. PCRS Conflict; Lives with Partner and Anxiety. Total Number Risk Indicators; Anxiety and Depression.
p < .05. **p* < .01.

Longitudinal Results at Time 2

There were no significant differences in demographic, family or psychological variables between the 13 participants with longitudinal data and the 21 participants without longitudinal data.

Correlations between parental risk factors and changes in child maltreatment risk scores after one year. Table 12 gives the associations between parental risk factors and changes to child maltreatment risk measures after approximately one year for a subgroup of participants. The most significant association was between increased self-esteem and reduced BCAPI scores. Other significant associations with psychological factors were between increased anxiety and increased scores on the PCRS Conflict subscale, and between increased mastery and a decreased number of risk indicators. Increased mastery was also correlated with decreased PSI-PD and decreased PSI-PCDI. Similarly, increased parenting self-efficacy was correlated with reduced PSI-PCDI and a reduced number of risk indicators.

Of the non-psychological factors, only five were associated with changes in child maltreatment risk measures after one year. Being of Aboriginal origin was associated with an increased number of risk indicators and an increase in PSI-DC score. Surprisingly there was a significant correlation between having a larger number of children and a reduction in both PSI-PCDI score and number of risk indicators. This finding may be explained by the positive correlation between having a larger number of children and positive change in self-esteem ($r = .60, p = .029$). When change in self-esteem was controlled for, the associations between number of children and PSI-PCDI and change in number of risk indicators became insignificant. The highest level of education attained by the father was correlated with reduced PSI-DC scores, reduced PCRS Conflict scores and a reduced number of risk indicators. Although higher educational achievement was correlated with a positive change in

parenting self-efficacy ($r = .56$, $p = .058$), controlling for parenting self-efficacy reduced but did not remove the significant associations between education level and PSI-DC, PCRS Conflict and change in number of risk indicators. Those participants with more involved fathers demonstrated an increase in PSI-DC scores and an increase in PCRS Closeness scores over the year.

Table 12

Correlations between Change in Measures of Child Maltreatment Risk and Parental Risk

Factors at Time 2

Risk Factor	BCAPI change	PSI-PD change	PSI-PCDI change	PSI-DC change	PCRS closeness change	PCRS conflict change	Number risk indictors change
Current Psychological (Proximal Internal) Factors							
Depression change	**-.49+**	.08	-.19	.24	.02	.28	.13
Anxiety change	-.13	-.29	.07	.24	-.28	**.60***	.03
Self-esteem change	**-.72****	-.15	-.53	-.22	.26	.04	-.48
Mastery change	-.35	**-.54+**	**-.57+**	-.39	.45	-.13	**-.67***
Parenting self-efficacy change	-.45	.22	**-.57+**	-.51	-.20	-.43	**-.57+**
Other Factors							
Physical health problems change	-.30	-.25	.27	-.43	-.15	.27	-.02
Age	-.09	.33	.16	-.36	.03	-.38	.03
Aboriginal	.11	.14	.38	**.61+**	-.01	.22	**.71***
Number of children T2	-.40	-.23	**-.69***	-.31	.13	-.27	**-.62+**
Highest education	-.23	.04	-.44	**-.75***	.10	**-.67***	**-.76***
Household income	.24	.06	-.42	.10	-.06	-.11	-.30
Suburb SEI	-.15	-.05	-.07	.02	.01	.29	-.03
Living with partner T2	.46	-.10	-.54	.11	.26	-.38	-.44
Living with child T2	.39	.20	.19	.06	-.05	-.03	.26
Informal family support change	-.12	-.19	.03	-.47	.45	-.30	-.09
Formal Family Support change	.12	.09	-.35	-.23	**.57+**	-.34	-.37
Num. life events last 12 mths T2	.47	-.21	.27	-.13	.18	-.38	.05
Own father involved in childhood	.43	.08	-.22	**.70***	**.68***	.30	.30
Positive father role model	.10	-.18	-.15	.17	.05	.40	-.09
No positive family role model	.23	.18	.20	.08	-.12	-.35	.11
Victim of IPV	-.14	-.25	-.11	-.34	-.18	-.30	-.32
Perpetrator of IPV	.23	.49	.16	.42	-.16	-.31	.37

Note. BCAPI *n* = 13, PSI-PD *n* = 13, PSI-PCDI *n* = 10, PSI-DC *n* = 10, PSI-Total *n* = 10, PCRS closeness *n* = 11, PCRS conflict *n* = 11, Total clinical indicators *n* = 10.
+*p* < .10. * *p* < .05. ** *p* < .01.

Discussion

The present case study explored the associations between parental risk factors and measures of child maltreatment risk for fathers in child protection families. These associations were examined using cross-sectional data from 34 fathers at different stages of involvement with a parenting intervention program in Sydney, Australia. A preliminary, exploratory analysis was conducted with the longitudinal data from a subgroup of 13 of these fathers gathered approximately a year later. Although this research is a case study rather than a large-scale study, it is a significant study nonetheless due to the dearth of programs and services for fathers involved with CPS and the difficulties in recruiting child welfare fathers for research (Bradley et al., 2006; Haskett et al., 2003). This study found that for both the cross-sectional and longitudinal data, a pattern emerged where the psychological factors of depression, anxiety, self-esteem, mastery and parenting self-efficacy were most consistently associated with three child maltreatment risk measures. The predominance of psychological factors was evident even though the six risk subscales appeared to tap two somewhat different constructs of child maltreatment risk.

Two Constructs within Child Maltreatment Risk Measures

The measures of child maltreatment risk used in this study were the Brief Child Abuse Potential Indicator (BCAPI), the three subscales of the Parenting Stress Index (PSI) Short Form, and the two subscales of the Parent-Child Relationship Scales (PCRS). Together these six risk subscales appeared to tap into two somewhat different constructs. The BCAPI and PSI Parental Distress (PD) subscale assess parental beliefs about their lives and were strongly correlated with each other, suggesting that both these scales measure a similar construct. The BCAPI and PSI-PD were strongly correlated with depression, anxiety, lower self-esteem and lower sense of personal mastery, suggesting that these two measures may tap a single

construct of general personal distress in parents. A strong association between the BCAPI and depression has been found previously (Ondersma et al., 2005; Schaeffer et al., 2005; Solomon, Morgan, Åsberg, & McCord, 2014), and an association between depression and parenting stress has also been found in the past (Ammerman et al., 2013; Mapp, 2006; Rodriguez-JenKins & Marcenko, 2014; Schaeffer et al., 2005).

The PSI child domain subscales, Parent-Child Dysfunctional Interaction (PCDI) and Difficult Child (DC) and the PCRS subscales, Conflict and Closeness, assess the relationship between the parent and one particular child. These subscales were strongly correlated with each other but were not strongly associated with the BCAPI or PSI-PD, suggesting they tap the quality of parent-child interactions rather than parent's personal distress. In the multiple regression models, anxiety was independently predictive of BCAPI and PSI-PD scores but not the parent-child relationship subscales. Furthermore, in the regression models parenting self-efficacy was independently predictive of three of the four parent-child relationship risk subscales, but was not predictive of the two parental distress measures. This pattern of different associations after controlling for other factors in the regression models supports the proposition that there are two different constructs within these risk measure subscales, one related to parent's personal distress (BCAPI and PSI-PD), and the other related to the parent-child relationship (PSI-PCDI, PSI-DC, PCRS Closeness, PCRS Conflict). This is consistent with a factor analytic study of the PSI-SF which demonstrated that there are two distinct factors in the PSI-SF, one measuring parental distress (PSI-PD) and the other measuring dysfunctional parent-child interactions (PSI-PCDI and PSI-DC) (Haskett, Ahern, Ward, & Allaire, 2006). The important implications of the findings from this study for targeting both mental health and parent child relationships in interventions are discussed later.

Associations between Psychological Risk Factors and Measures of Child Maltreatment

Risk

The psychological factors measured in this study (depression, anxiety, self-esteem, mastery and parenting self-efficacy) were more consistently associated with all six subscales of child maltreatment risk measures than non-psychological factors using both the cross-sectional and longitudinal data. In the cross-sectional bivariate analyses, each of the psychological factors was significantly associated with at least half the child maltreatment risk subscales, and most of these associations were strong. All the psychological factors were associated with the total number of risk indictors. In the regression analyses, 70% of the risk factors remaining in the models were psychological factors, and each of these factors remained in at least one of the models predicting a subscale of risk measure, after controlling for other factors. Parenting self-efficacy was consistently and strongly predictive of the parent-child relationship risk subscales, suggesting a particular relationship between parenting self-efficacy and parent-child relationships. In the regression analysis, a sense of personal mastery was predictive of scores on one child domain subscale (PSI-PCDI), one parental distress subscale (PSI-PD), and the total number of risk indicators, after controlling for other factors, suggesting this psychological factor might be influential across both constructs of parental risk.

The pattern of findings from the longitudinal data suggested that improvements in fathers' self-perception (i.e. increased self-esteem, sense of personal mastery and parenting self-efficacy) reduced risk of child maltreatment. More specifically, improved self-esteem was associated with a lower BCAPI score. Increased mastery was associated with a decreased number of risk indictors, decreased parental distress, and decreased parent-child dysfunction after one year. Improved parenting self-efficacy was associated with decreased parent-child

dysfunction and a lower number of risk indicators after one year. Increased anxiety was associated with increased conflict with their child.

The present study findings of a strong association between fathers' psychological functioning and risk of child maltreatment is consonant with past research (Chaffin et al., 1996; English, Marshall, Brummel, & Orme, 1999; Guterman, Lee, Taylor, et al., 2009; Jonson-Reid et al., 2010; Slack et al., 2011; Stith et al., 2009; Taplin & Mattick, 2013). Of the few studies examining the risk factors of fathers, a strong association between fathers' psychological well-being (e.g. depression, substance use and parenting stress) and child maltreatment has been demonstrated (Dubowitz et al., 2000; Lee, 2012; Lee et al., 2011; Lee et al., 2012). In addition, parenting self-efficacy has been found to play a crucial role in parenting competence and maltreatment risk for mothers, independent of depression and demographic variables (Teti & Gelfand, 1991). The current findings suggest parenting self-efficacy plays a similar role for fathers.

Associations between Non-Psychological Risk Factors and Measures of Risk

Non-psychological risk factors were not as consistently or as strongly associated with measures of risk as psychological factors in the cross-sectional data. The only non-psychological risk factors associated with the total number of risk indicators in the cross-sectional data were physical health problems and childhood abuse. Poor physical health was more associated with the personal distress measures than with the child-parent relationship subscales, suggesting that it is the personal difficulties of living with ill-health that impacts on risk of child maltreatment. A father's history of childhood abuse was also associated with higher personal distress scores, which is unsurprising given that both childhood abuse and the BCAPI measures are closely associated with personal distress (Walker & Walker, 2010).

An interesting finding was that fathers living with a partner, most often the mother of their children, reported higher levels of conflict with their child, perceived their child as more difficult, and reported lower levels of closeness with their child. Previous findings have revealed high levels of conflict in the intimate relationships of these study participants, which could explain the negative impact on parenting (Zanoni et al., 2014b). However, living with a partner was not associated with the personal distress risk measures, suggesting that living with a partner negatively influenced fathers' relationships with their children independently of increased personal distress. Since data about participants' partners and the quality of the co-parenting relationship were outside the scope of the present study, there is insufficient information to offer an explanation for this finding and further research is required. Factors associated with reduced personal distress risk scores involved living with their children and having an involved father who was a positive father role model during their childhood. This indicates that being separated from their children is highly distressing for fathers, as has been reported elsewhere (Zanoni et al., 2014a). It is also congruent with previous research findings that the presence and involvement of fathers in the lives of at-risk children generally confers protective benefits (see Zanoni et al., 2013, for a review).

Of the non-psychological factors measured, only five were associated with change in parenting risk in the longitudinal data. Being of Aboriginal origin was associated with viewing their child as more difficult after a year, and with an increased number of risk indicators. It is possible that the challenges faced by Aboriginal people in Australia are more historically and socially entrenched than those faced by non-Aboriginal people, and therefore additional resources may be required to assist this population. Being more highly educated was associated with a reduction in the perception that their child was 'difficult', less conflict with their child and fewer indictors of risk a year later. Previous research has found positive

associations between higher education levels and greater parental gains from parenting programs (Mattingly, Prislin, McKenzie, Rodriguez, & Kayzar, 2002; Reyno & McGrath, 2006). Participants' fathers being more involved in their childhood was found to be associated with change in parenting risk measures over time. Those with more involved fathers reported a closer relationship with their child, but also viewed their child as more difficult, a year later. These somewhat conflicting findings are difficult to interpret and further research is needed to clarify them. Furthermore, due to the small sample size, all these longitudinal findings are preliminary and require replication.

Overall, however, the general pattern of results from the cross-sectional and longitudinal data of this study suggests that current psychological factors are more consistently and strongly associated with child maltreatment risk than other parental factors that are more distant in time and more distant psychologically.

**Adding the Concepts of Time and Internality**

On the basis of the pattern of results from this study, a conceptual addition to the ecological model of child maltreatment is proffered. The ecological framework (Belsky, 1980, 1993) is the most widely accepted explanation of child maltreatment (Dubowitz, 2006, 2009). This theory suggests that a complex interplay of multiple risk factors involving the child, parent, family relationships and society all contribute to the occurrence of child maltreatment. The vast range of factors across these different domains found to be associated with child maltreatment in previous research supports the ecological model of child maltreatment (Stith et al., 2009). However, knowing that the etiology of child maltreatment is multifactorial and complex does not assist policy-makers and practitioners decide where to focus limited resources to prevent and ameliorate the risk and recurrence of child maltreatment in individual families. It is suggested that adding two new dimensions to the

conceptual understanding of parental risk factors could enhance the ecological model and assist in determining the priorities for resources aimed at the prevention of child abuse and neglect.

Drawing on the present findings it is proposed that parental risk factors may be understood within the two dimensions of time and internality. Distance in time would involve a continuum from distal (past) to proximal (present), and Internality would involve a continuum from external (e.g. demographics) to internal (e.g. psychological) factors. Combining these two dimensions creates four broad categories of parental risk factors; Proximal Internal (e.g. current mental health), Proximal External (e.g. household income), Distal Internal (e.g. past substance abuse) and Distal External (e.g. number of stressful life events), as shown in Figure 3. This conceptual framework helps explain the present findings since those risk factors that were more proximal in time (i.e. current) and more internal (i.e. psychological) were found to have the strongest influence on risk of child maltreatment. As an example of applying this conceptual framework outside the present study, the well-acknowledged link between a history of childhood abuse and risk of perpetrating child maltreatment may be explained by the influence of childhood abuse on current psychological well-being. It may be the poor psychological health of the parent with a history of abuse that is most strongly associated with current risk to children, rather than the history of abuse per se. Supporting this view, a longitudinal study of 265 mothers found that the only route from experiencing childhood sexual abuse to the risk of physically harming their child was through the current depression of the mother (Mapp, 2006). The author concluded that it may be the way a mother resolves the trauma of childhood sexual abuse that influences her likelihood of harming her children rather than the abuse itself. Similarly, although the association between poverty and higher risk of child maltreatment is well-established, it may be the influence of

poverty on parents' current psychological well-being (e.g. stress and sense of powerlessness) that is most strongly associated with risk of child maltreatment. Providing somewhat supportive evidence for this, a longitudinal study of 1,135 families found that maternal depression and parenting stress partially, but not fully, explained the association between economic hardship and CPS involvement (Yang). Overall, it seems likely that it is the manner in which a parent currently deals with the traumas and difficulties of past and present stressful life events and circumstances, rather than the events and circumstances themselves, that is most predictive of whether parents maltreat their children (Mapp, 2006).

The advantage of including the dimensions of time and internality to the conceptual understanding of parental risk factors is that it can guide services and interventions. If Proximal Internal (i.e. current psychological) parental factors are most strongly associated with risk of child maltreatment, then resources should be focused there. Since Proximal Internal factors such as current mental health, substance abuse, and self-esteem are more amenable to change than many external socio-demographic factors, and the past is immutable, focusing resources on these modifiable factors has the potential to effectively reduce risk to children. Indeed, this new conceptual understanding of parental risk factors suggests that if, for example, relieving economic hardship does not result in improved psychological functioning of the parent, then risk to children will not be ameliorated. Indeed, several other authors have argued for the need to offer psychological counselling and provide interventions that empower parents in order to reduce risk to children (Guterman, 1997; Guterman, Lee, Taylor, et al., 2009; Kang, 2013; Lee et al., 2011; Martorell & Bugental, 2006; Solomon & Åsberg, 2012; Solomon et al., 2014).
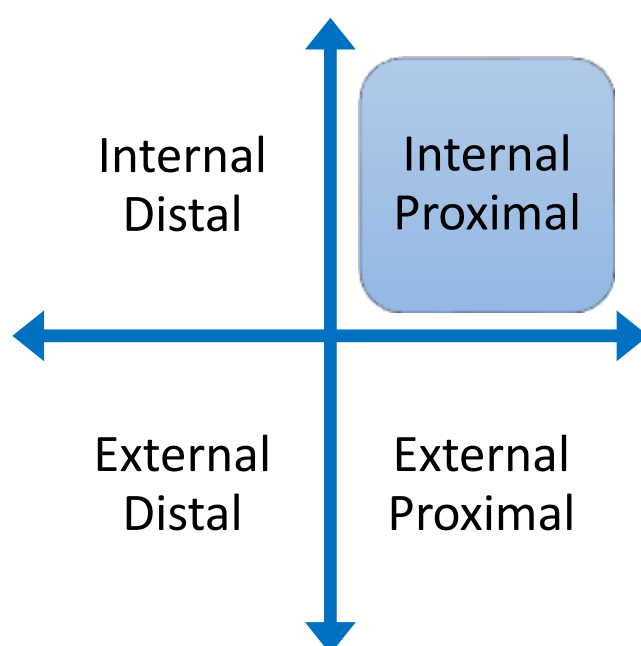
Figure 3. Time and Internality Dimensions of Parental Risk Factors

Practical Implications

The key implication of the current findings is that, in order to reduce risk to children from fathers, services and interventions should focus their limited resources on the current psychological well-being of fathers. This study suggests that the best way to decrease risk from fathers is to reduce their anxiety and depression, and improve their self-esteem, self-efficacy as a parent, and sense of control over their lives. This study also suggests that fathers with physical health problems, of Aboriginal origin, and with low educational achievements, may require special attention.

In addition, the present findings suggest that service practices that marginalise and exclude fathers could inadvertently increase risk to children by engendering a sense of powerlessness, hopelessness and despair in fathers rather than a sense of mastery over their lives. Similarly, service practice that assumes all fathers in child protection families are

incompetent, disinterested, and uncaring parents may well increase risk to children by decreasing fathers' parenting self-efficacy and self-esteem. This study suggests that engaging fathers with a strengths-based and therapeutic approach, rather than a deficit and avoidance approach, may be the most effective manner to ameliorate risk to children. The need to adopt a strengths-based approach with CPS mothers and fathers has been discussed previously (Featherstone, Morris, & White, 2013; Ferguson & Gates, 2013; Fuller, Paceley, & Schreiber, 2014; Ghaffar, Manby, & Race, 2011; Kiraly & Humphreys, 2013; MacLeod & Nelson, 2000). In essence, *how* practitioners treat fathers in child protection families may be of great significance for the safety and well-being of children.

The finding of two distinct constructs within the measures of child maltreatment risk subscales also has practical implications. If parental distress and dysfunctional parent-child relationships are both associated with risk of child maltreatment, but in different ways, then it is important that interventions address both these aspects of parents' lives. It is also possible that some parents are at risk of child maltreatment due to their personal distress and mental health issues, whereas others are at risk due to difficulties in their relationship with their children. If this is the case then it is necessary to determine which parents need counselling to reduce distress and which parents need assistance to improve their relationship with their children so that parents receive the most effective services and interventions for their particular situation. A factor analytic study of the PSI-SF found that the PSI Personal Distress subscale was not a significant and unique predictor of whether or not parents were involved with CPS, whereas the child domain subscales did distinguish between abusive and non-abusive parents (Haskett et al., 2006). This suggests that the parent-child relationship may be more salient than parental personal distress in terms of child maltreatment risk. The present study found that parenting self-efficacy was most strongly associated with the parent-child

relationship risk subscales, suggesting it is particularly important that services build fathers' confidence in their parenting abilities in order to reduce child maltreatment risk.

Limitations and Future Research

There are limitations to the present study and corresponding areas for future research. Although the participants in this study were from child protection involved families, a precondition of entry into the parenting program was that fathers were receiving professional assistance for intimate partner violence, substance abuse and acute mental health issues, if these issues existed. Men with a conviction for child sexual abuse were not accepted into the program. These program entry conditions may limit the generalizability of the current study findings. Second, this was a case study and the sample size of the longitudinal data was small. Therefore, the longitudinal findings should be interpreted with caution and require further research. However, whilst small, this sample is significant due to the rarity of such programs for fathers in CPS families, the 97% study participation rate, the difficulties in recruiting child welfare fathers for studies, and this being the first study with child protection fathers in Australia, to the authors' knowledge. Nonetheless, replicating this study with a larger, more representative sample of fathers from child protection families would help determine the generalizability of these findings. Third, more research is needed to test the concepts of the time and internality dimensions of parental risk factors, including replicating the present study with mothers to ascertain if these findings are gender specific. In addition, it is recommended that future research on risk factors for child maltreatment include measures of mother and father psychological well-being to further investigate if the association between demographic variables and child maltreatment is mediated or moderated by psychological variables. Finally, the study was limited by the sole use of self-report measures. However, two of the three measures of child maltreatment risk (BCAPI and PSI-SF) have demonstrated

the ability to distinguish between abusive and non-abusive parents (Haskett et al., 2006; Walker & Davies, 2012) and some researchers contend that self-report proxy measures of abuse risk are more accurate than official records of child maltreatment (Guterman, Lee, Taylor, et al., 2009). Nonetheless, it is recommended that future studies use a variety of sources to investigate the associations between father factors and risk, and actual perpetration, of child maltreatment.

Conclusion

This exploratory case study addressed the question of which risk factors are most strongly associated with the risk of maltreating their children for fathers in child protection families. The study found that psychological factors, such as depression, anxiety, self-esteem, sense of mastery over their lives, and parenting self-efficacy, were generally more strongly associated with risk than other factors. The main practical implication emerging from these findings is that limited resources should be focused on improving fathers' current psychological functioning. These findings also suggest that adopting a strengths-based and therapeutic approach to engaging fathers may in fact be crucial in reducing risk of harm to children.

Chapter 7: General Discussion

Overview of Findings

The aim of this thesis was to explore child welfare fathers as both resources and risks, protectors and perpetrators, in their children's lives. The findings from these studies provide evidence that there exists within the typical child welfare parent population a subgroup of fathers who play a caregiving and protective role in the lives of their children. These findings challenge the negative stereotype that child welfare fathers are inadequate and unsafe parents by demonstrating that some fathers are committed, involved, and drug-free parents who try to protect their children. Additionally, the findings suggest that fathers' psychological health may be the most important factor in their risk of child maltreatment. These findings fill a substantial gap in the literature by adding to the scant research on child welfare fathers generally, and by augmenting the literature on child welfare fathers as resources for and protectors of their children more particularly. Furthermore, this is the only study conducted with fathers from child protection families in Australia, to the authors' knowledge. In this final chapter, the key findings of this thesis will be summarized, followed by the main implications of these findings. The strengths and limitations of the thesis, with directions for future research, will then be presented.

The literature review in Chapter 2 situated the social work and child protection literature on child welfare fathers within the broader context of the fathering and developmental psychology literature. The social work and child protection literature revealed that child welfare policies, practice and research have tended to focus on mothers and overlook fathers. The reason for this lack of inclusion of fathers was found to be multifaceted, and included theoretical, practical, and attitudinal factors. Theoretically, hierarchical Attachment Theory (Bowlby, 1988) has long supported mother-focused practice, positing that mothers are the primary attachment figure in a child's life and that all other

attachment relationships are secondary (Daniel & Taylor, 2006). In practice, the inclusion of

fathers can be very challenging due to the fathers' often threatening demeanours and mothers'

resistance to father involvement. Attitudinally, many workers hold negative stereotypes and

assumptions about fathers in child welfare families, creating yet another barrier to father-

inclusive practice.

Given the many hindrances to father engagement, Chapter 2 also addresses the

rationale for father-inclusive practice. It was concluded from the literature review that fathers

need to be fully integrated into child welfare practice because when fathers are not engaged,

their children may suffer a range of negative consequences. No research evidence was found

from the disciplines of fathering and developmental psychology supporting the primacy of the

mother-child relationship. Rather, a large body of evidence was found demonstrating that

fathers influence their children independently of, and as profoundly as, mothers, including

non-resident fathers (Lamb, 2010a). It was also shown that the father-child relationship has

an equivalent impact on children's social, emotional and cognitive outcomes as the mother-

child relationship (Lamb, 2010b). Research within the social work and child protection fields

highlighted the important role of fathers as both risk and protective factors in at-risk

children's lives. For example, studies indicate that almost half of child maltreatment cases

involve fathers or father figures, and fathers are over-represented as perpetrators of the most

violent child abuse (e.g. Huebner et al., 2008; Klevens & Leeb, 2010). Conversely, child

welfare fathers can be a positive and protective influence in their children's lives, reducing the

risk of child maltreatment and reducing the length of time children are in out-of-home care

(Bellamy, 2009; Berger et al., 2009; Coakley, 2012; Guterman, Lee, Taylor, et al., 2009;

Malm & Zielewski, 2009; Proctor et al., 2011). Overall, the literature review contributes to

the child welfare field by integrating literature from multiple disciplines to highlight

inadequate father engagement in child welfare practice, the reasons for this, and the reasons why it is critical to rectify this situation.

Chapter 3 provided an overall description of the research background, theoretical basis, design and methodology of the study conducted for the purposes of this thesis. The theoretical framework of the study reflected the theoretical basis of the Newpin program, namely attachment theory (Bowlby, 1988), social learning theory (Bandura, 1986) and ecological systems theory (Belsky, 1993). In addition, this study was informed by the theory of fatherhood espoused by Lamb (2010a, 2012a), postulating that the distinctive 'maleness' of fathers is far less important to children's wellbeing than the quality of the parenting and relationship between parent and child. Hence, there were very few father or male specific questions. This study was a cross-sectional and longitudinal, quantitative and qualitative, study of 35 fathers associated with the Newpin fathers' parenting intervention program in Sydney, Australia.

Chapters 4, 5 and 6 presented the different findings from this study. Chapters 4 and 5 explored the theme of fathers as valuable resources for their children, and Chapter 6 explored the theme of fathers as risks to their children. Although some qualitative studies have suggested that a subset of men do not fit the pervasive negative stereotypes of child welfare fathers (e.g. Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012), Chapter 4 augments the literature by directly challenging these stereotypes with quantitative as well as qualitative data. In addition to this, Chapter 4 investigated whether or not study participants were typical of child welfare parents, and which factors were most associated with fathers' psychological well-being. By examining the demographic, family and psychological profiles of the study participants, Chapter 4 showed that the socio-demographic profile of the fathers in this study was more typical of child welfare parents nationally and internationally than

typical of the local area in which they resided (Australian Bureau of Statistics, 2011; Department of Child Safety, 2009; Stith et al., 2009). On average, study participants' educational achievement was low, 74% were not in the workforce and 85% were receiving government benefits. Compared to the local area in which they resided, there was an overrepresentation of participants who were of Aboriginal origin, unmarried and had large families. All participants were non-immigrant Australians who only spoke English. As has been found previously with child welfare parents, study participants described past drug and alcohol abuse and current high levels of depression, anxiety, and low self-esteem (Stith et al., 2009).

In addition to presenting the profiles of study participants, Chapter 4 challenged the negative stereotypes of child welfare fathers as uncommitted, emotionally unattached, uninvolved and substance-abusing parents. It provided evidence that a sub-group of fathers exists within the child welfare parent population who are committed and emotionally attached to their children, are willing and able to be the primary caregivers of their children, and have the motivation and capacity to cease abusing substances. A key finding was that many fathers in this study experienced substantial psychological distress at having their children removed from them. This accords with the high levels of grief and despair at being separated from their children that has been reported by child welfare and homeless fathers in other studies (Barker et al., 2011; Bui & Graham, 2006; Cameron et al., 2014; Smithers, 2012). Congruently, those study participants who already had their children restored indicated the best psychological functioning, with the lowest levels of depression, anxiety, and the highest levels of self-esteem. Some participants also reported being heavily involved in caring for their children before removal by CPS, including fathers who were not residing with their children at the time. Many men had been or still were the primary caregiver of their children,

even when living with the mother of their children. Some fathers remained in unhappy and abusive relationships in order to be with and care for their children. Studies from Ireland, Canada, Norway and Scotland have presented similar accounts of child welfare fathers being very committed to, and involved in the daily care of, their children (Cameron et al., 2014; Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012). Contrary to the stereotype that child welfare fathers have neither the will nor ability to cease drug and alcohol use, most study participants reported giving up drugs completely, and now rarely drank alcohol. In sum, Chapter 4 demonstrated that study participants had profiles typical of child welfare parents nationally and internationally, yet many were committed, involved in child caregiving, emotionally-attached to their children, and free of substance-abuse.

Chapter 5 continued the theme of fathers as valuable resources for their children. It contributed to the field by investigating some very personal topics rarely explored with child welfare fathers to provide a deeper understanding of their histories, lives and concerns. This chapter challenged the stereotypes that all child welfare fathers are perpetrators of domestic violence and a danger to their children. On the contrary, this study found that participants were more likely to be victims than perpetrators of IPV, with almost two thirds reporting moderate to severe IPV victimization and only 20% reporting sustained charges for IPV perpetration. Furthermore, Chapter 5 highlighted the protective role fathers can play in the lives of at-risk children. A number of fathers reported doing their best to protect their children by staying in the relationship with the mother, offering to free the mother from caregiving responsibilities, and by removing their children from the mother. This theme of fathers actively attempting to protect their children has been reported in some previous studies (Cameron et al., 2014; Ferguson & Hogan, 2004; Smithers, 2012). Many fathers also reported wanting to give their children a better childhood than their own, hence breaking the

intergenerational cycle of abuse. In addition, it was found that study participants who reported growing up with a very involved father had their children restored to them earlier than those without such an involved father. This finding suggests an intergenerational transmission of father protective benefits, as has been found previously (de Paúl et al., 1995; Sidebotham & Golding, 2001).

Some study participants reported a history of childhood abuse, with some being physically abused by their fathers, others being physically abused by their mothers, and some being sexually abused by their father or another familiar adult male. The fact that some fathers in this study disclosed childhood abuse should not be surprising. Boys are as likely to be the victims of childhood maltreatment as are girls (World Health Organization, 2014). It has also been shown that boys are sometimes the victims of sexual abuse, with an estimate of 5-10% of boys on average across the globe (World Health Organization, 2014). Maltreated boys grow to be men, then become fathers, carrying the trauma of their childhoods with them (Willis et al., 2014). Since it is well-recognized that women with a history of childhood abuse are more likely to have children involved with CPS, it is reasonable to expect a larger proportion of fathers in child welfare families to have experienced childhood abuse than in the general population. The extant literature suggests that 21-56% of fathers in child welfare families have histories of childhood abuse (Dixon et al., 2007; Dufour et al., 2008).

In addition to the link between a history of childhood abuse and one's child being involved in CPS, the co-occurrence of male perpetrated IPV and child abuse is also well-acknowledged (Appel & Holden, 1998). Therefore, it is perhaps not surprising that some fathers in this study reported that mothers who were violent towards their children were also violent towards them. Although this study reports a very high proportion of men claiming to be victims of severe IPV (41%), it is important to situate these findings within the broader

body of research on IPV. IPV is undoubtedly a gendered phenomenon since, on average, substantially more women in the general population are victims of severe IPV than men, women suffer more frequent and more serious injuries than men, and women experience more constant fear than men (Australian Bureau of Statistics, 2013a; M. Johnson, 2011; K. E. Smith et al., 2012; Tjaden & Thoennes, 2000). However, these statistics using population averages mask the fact that there is substantial evidence that a small percentage of men are genuine victims of severe IPV, and these male victims suffer similar physical and psychological harm as do female victims (Allen-Collinson, 2009; Coker et al., 2002; Hines & Douglas, 2010). The study presented in this thesis is not the first to identify a history of childhood abuse or IPV victimization for fathers involved with child welfare services, with fathers from Ireland, Scotland, Norway and Canada reporting similar experiences (Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012; Strega et al., 2009). However, the current study is unique in employing both qualitative and quantitative data to explore fathers' experiences of childhood abuse, IPV, and safety concerns for their children. In sum, Chapter 5 demonstrated that, rather than being dangers to their children, some child welfare fathers actively try to protect their children and try to give them a better childhood than their own.

In contrast to the theme of fathers as resources for their children, Chapter 6 explored fathers as risks to their children. This paper advances the literature by adding valuable empirical findings to the scant research base on father-specific risk factors for child maltreatment (Stith et al., 2009). There were three key findings in Chapter 6. First, it was found that most fathers in this study (74%) were not a potential risk to their children, scoring below the 'high-risk' cut-off scores for three different self-report measures of child maltreatment risk. This further challenges the stereotype that all child welfare fathers are a danger to their children. Second, the three child maltreatment risk measures appeared to tap

two somewhat distinct constructs of risk factors. One construct was parents' general personal distress and the other was dysfunction in the parent-child relationship. These findings suggest that some fathers may be at risk of child maltreatment primarily due to mental health issues and others may be at risk mostly due to relationship difficulties with a particular child.

Third, Chapter 6 suggested that participants' current psychological factors were more strongly and consistently associated with risk of child maltreatment, cross-sectionally and longitudinally, than socio-demographic or past factors. Specifically, depression and anxiety, low self-esteem, low sense of mastery over their lives and low parenting self-efficacy were strongly associated with risk of child maltreatment. Depression has long been associated with increased risk of child maltreatment for mothers and 'parents' in past research (Stith et al., 2009), and more recently it has been linked to increased risk specifically from fathers (Lee, 2012; Lee et al., 2011; Lee et al., 2012). Low self-esteem, low sense of mastery, and low perception of parenting competence have also been associated with increased risk of child maltreatment for both mothers and fathers in past research (Aunola et al., 1999; Dubowitz et al., 2000; Holden & Banez, 1996; Stith et al., 2009). This chapter extends the knowledge of child welfare fathers by highlighting the dominant role of their self-beliefs, such as self-esteem, sense of mastery and parenting self-efficacy, in addition to psychopathology such as depression and anxiety, in fathers' risk of child maltreatment. Overall, Chapter 6 demonstrated that fathers may be at risk of child maltreatment due to poor mental health or dysfunctional relationships with their children, but current psychological factors may be more strongly associated with both than are demographic or past factors.

To summarize the findings, the literature review in Chapter 2 highlighted the extant research evidence that fathers and father figures need to be included in child welfare policies, practice and research to the same extent as mothers because fathers are as influential in their

children's lives as mothers, for better or worse. Chapter 4 demonstrated that some child welfare fathers are very committed and emotionally attached to their children, and are prepared to give up drugs and alcohol. Chapter 5 found that some fathers report being victims, rather than perpetrators, of IPV, and protectors of, rather than dangers to, their children. Some fathers also reported a history a childhood abuse. Chapter 6 indicated that most study participants were not a threat to their children, according to three self-report measures of child maltreatment risk. Additionally, Chapter 6 found that fathers' current psychological functioning was more consistently and strongly associated with the risk of child maltreatment, and change in risk over time, than socio-demographic or past factors. Overall, the main contribution of these findings to the field is providing new evidence that some child welfare fathers are valuable resources for their children, similar to some mothers, and their risk of child maltreatment may be most strongly linked with their psychological well-being.

Theoretical Implications

In addition to providing more detailed knowledge of child welfare fathers and their lives, this thesis also makes a contribution to the theoretical understanding of parental risk factors. The critical finding that current psychological factors such as depression, anxiety, self-esteem, mastery and parenting self-efficacy were more closely related to risk of child maltreatment than socio-demographic or past factors, prompted the development of a new conceptual model of parental risk factors. The proposed conceptual model is comprised of two dimensions, time and internality. Time is on a continuum from distal to proximal and internality is on a continuum from external to internal. The findings from the current research indicated that those parental risk factors that are more proximal in time and more internal in nature (i.e. proximal internal factors) have the strongest and most direct influence on parents' risk of child maltreatment. This thesis is not the first to note the dominant role of parents'

current psychological factors in risk of child maltreatment (Chaffin et al., 1996; Guterman, Lee, Taylor, et al., 2009; Mapp, 2006; Stith et al., 2009). However, this new conceptual model places the primary influence of current psychological factors within an explanatory framework. Furthermore, it extends the understanding of parental risk factors by positing that it is the manner in which a parent copes with their current external socio-demographic situation and past history of abuse and trauma that determines their risk of child maltreatment, rather than the situations or events themselves (Mapp, 2006). This has important implications for child welfare practice, which will be discussed in the next section. In addition, because parents' current psychological functioning is more modifiable than most socio-demographic or past factors, this conceptual model suggests that by targeting the psychological well-being of parents, services and interventions can more effectively reduce risk to children (Solomon et al., 2014). It is hoped that this proposed conceptual model of parental risk factors will stimulate further research and be thoroughly tested. In sum, the proposed time and internality conceptual model contributes to a greater understanding of parental risk factors and how best to employ resources to ameliorate parental risk of child maltreatment.

Practical Implications

The findings of the present thesis indicate that fathers and father figures need to be considered of equal importance to mothers in child welfare practice, for the benefit of children. Fathers should be afforded the same level of inclusion in casework and the same level of risk and resource assessment, as it has been shown that fathers can be valuable resources for their children. Rather than assuming fathers are uninvolved, disinterested and/or a risk to their children, it is important to listen to fathers' accounts with an open mind so that assessments can be objective and accurate. Some fathers may be protective, positive influences in their children's lives and be the best placement option if children are at risk from

their mother. It was also found that some fathers have been their children's primary caregiver since they were a baby. Therefore, fathers should be granted the same opportunities as mothers to prove they can be safe and capable parents. Furthermore, fathers should be given the same level of empathy and support, and the same level of service provision as mothers, since the current research found that some fathers have had similar experiences of childhood abuse and IPV victimization. Regarding IPV, those working with child welfare families need to listen to both mothers' and fathers' stories, without preconceived assumptions and with a sound understanding of how to identify IPV victimization, regardless of gender. As some child welfare fathers may be victims of IPV, they may require appropriate emotional and practical support to protect themselves and their children.

Child welfare services often operate within considerable budgetary constraints. Therefore, it is important that these services focus scant resources on the parental factors that are most pertinent to child maltreatment risk and are most amenable to change. Since this study found that fathers' psychological functioning was most strongly associated with risk of child maltreatment, and this is modifiable, the most impactful use of resources may be to target fathers' psychological well-being. In fact, the key practical implication of the time and internality model is that improving the current psychological functioning of parents is the most essential component of reducing risk to children. It can be inferred from the model that assisting parents to heal from past traumas and cope adaptively with present difficult life circumstances may be the best strategy to ameliorate risk to children. In addition, practitioners should be cognizant of the fact that some fathers become very distressed at having their children taken from them. Therefore, exhibiting signs of depression and anxiety does not necessarily indicate that a father has a chronic mental health problem and is unfit to

parent. Rather, it is possible that the father is experiencing appropriate grief at losing his children.

Furthermore, because the personal distress of parents and conflict in the parent-child relationship were found to be somewhat distinct constructs in terms of risk factors, it may be necessary for services to target both the parent-child relationship and the mental health of parents. The finding that a low sense of parenting self-efficacy is strongly associated with father-child relationship dysfunction suggests that teaching parenting skills to increase confidence as well as competence may be a particularly valuable service for fathers. Finally, finding a strong association between depression, anxiety, low self-esteem, low sense of mastery and low parenting self-efficacy and greater risk of child maltreatment in the present study suggests that child welfare practices that disempower, demoralize, distress, reduce self-esteem and reduce parenting confidence, may inadvertently place children at greater risk. Therefore, *how* practitioners treat child welfare fathers may be very important due to the possible consequences for the children they are endeavouring to assist. In sum, these findings highlight the need for fully integrated, impartial and strengths-based engagement with child welfare fathers, for the benefit of at-risk children.

Strengths of the Research

The primary strength of the research reported in this thesis is that it collected evidence directly from fathers. This is a major strength because most research on child welfare parents has been conducted with mothers (Stith et al., 2009). Understanding the profiles, life stories, concerns, perspectives and risk factors of fathers is of vital importance in efforts to ensure the safety and well-being of children (Dubowitz, 2009). Another key strength of this thesis is the scope and depth of understanding of child welfare fathers that it provides. This was possible due to the mixed methodology of the study design (Roggman et al., 2002). Most previous

research conducted with child welfare fathers has employed a qualitative-only design (e.g. Cameron et al., 2014; Ferguson & Hogan, 2004; Smithers, 2012; Storhaug & Øien, 2012), limiting the knowledge collected. The present research, however, was predominantly quantitative and included multiple demographic, family, psychological and child maltreatment risk measures. These quantitative measures allowed for comparisons with population norms, thereby providing objective assessments and profiling. The qualitative data illustrated and expanded on the findings from the quantitative data, and added history, context and details to the knowledge gathered. To the authors' knowledge, this is the only mixed-method study of child welfare fathers, in addition to being the only study of Australian child welfare fathers. Furthermore, some study participants disclosed very personal information that has rarely been reported in the child welfare literature, such as descriptions of childhood abuse, including sexual abuse, and incidents of IPV victimization and perpetration. Therefore, through the provision of this detailed information, this thesis makes a significant and unique contribution to the sparse extant literature on child welfare fathers.

Limitations of the Research

The main limitations of this thesis relate to sample and data availability. The sample size was small (N=35), which limited the statistical analyses that could be performed and increased the margin of error. However, as noted in the introduction, the fathers' parenting intervention program in this study is the only one of its kind in Australia, to the authors' knowledge. Therefore, it was the largest possible sample of fathers with children involved in CPS attending a parenting program that was available in Australia. There was also no waiting list of fathers for possible study recruitment since fathers not suited to or not interested in the program were referred to other services and ceased contact with the program staff. Despite the small sample size, however, many statistically significant results were found, and the

pattern of results was internally consistent, supported by the qualitative findings and consistent with previous research, underscoring the robustness of the findings. It should also be noted that the study sample was not randomly drawn from the larger child welfare population, but rather was drawn from one fathers' parenting program that excluded men with current, unaddressed violence, substance abuse, and acute mental health problems. This questions the generalizability of these findings to the broader child welfare father population. However, it should be noted that the socio-demographic and psychological profile of study participants was typical of child welfare parents in Australia and other Western countries, suggesting the study findings may be relevant to other child welfare populations.

Other limitations of this thesis are related to restricted data availability. This research was based on self-reported data only, without verification from other sources. Self-reported data can be subject to social desirability biases (i.e. where participants respond in the manner they believe to be most socially acceptable). However, most participants were under long-term scrutiny from both CPS as well as program staff. Being aware of this accountability may have discouraged socially desirable responding. It should also be noted that due to privacy laws in Australia and ethical constraints, access to government child welfare data and program case notes was not possible. Furthermore, permission to ask study participants why their children were involved in CPS was not granted. Consequently, the sources and extent of data collection were restricted. In sum, although this thesis was based on the self-reports of a small, non-representative sample of child welfare fathers, these fathers were typical of child welfare parents and their stories were very similar to those found in other studies of child welfare fathers, suggesting possible relevance to the broader child welfare population.

Future Research

In this thesis it is shown that there is a dearth of research on child welfare fathers and a need for more knowledge to inform child welfare practice (Lee et al., 2009). Therefore, it is recommended that future child welfare research makes a concerted effort to include father data and fathers as study participants. Additionally, mother and father data should be reported separately rather combined in the category of 'parent' or 'caregiver' (Fletcher et al., 2011). Recruiting child welfare fathers for studies can be more difficult than recruiting mothers, hence researchers need to be prepared to expend extra resources on the recruitment of fathers (Dubowitz, 2009). In addition to separating mother and father data, it is recommended that data from abusive and non-abusive fathers be distinguished from each other in research to gain a better understanding of the differences between them (Stith et al., 2009). Furthermore, it is suggested that the Time Internality model be tested by future research examining the parental risk factors most strongly associated with risk of child maltreatment for both mothers and fathers.

To address the limitations of this thesis already noted, it is recommended that a similar study be conducted in a country where a larger, more representative sample, is available. Specifically, including child welfare fathers who are uninvolved with and disinterested in their children, and/or who have current substance abuse, violence and acute mental health issues, would be beneficial. This would help determine the generalizability of the current findings, and what proportion of child welfare fathers are valuable resources for their children and what proportion are risks to their children. It is also suggested that future studies use multiple sources of information in addition to self-reports, where ethical constraints and privacy laws allow. Finally, it is recommended that future studies employ mixed methods when researching fathers, as done in this thesis, so that quantitative objective measures are

balanced with qualitative subjective experiences to produce a more complete understanding of child welfare fathers (Øverlien, 2010; Roggman et al., 2002).

Conclusion

This thesis makes an important contribution to the literature by directly challenging many negative stereotypes of child welfare fathers and demonstrating that some fathers have very similar profiles, histories, experiences and concerns for their children as many child welfare mothers. In particular, it offers a greater understanding of the positive caregiving, protective role some fathers play in the lives of their at-risk children. This thesis also indicates how services and interventions can best work with fathers to reduce the risk of child maltreatment by improving fathers' psychological well-being. The findings of this thesis, therefore, have important implications for child welfare policies and practice as they suggest that adopting a fully inclusive, unbiased, and strengths-based approach to working with fathers is in the best interests of children.

References

Abidin, R. R. (1983). *Parenting Stress Index: Manual, Administration Booklet,[and] Research Update*. Charlottesville, VA: Pediatric Psychology Press.

Abidin, R. R. (1995). *Parenting Stess Index (PSI) manual* (3rd ed.). Odessa, FL: Pediatric Psychological Press.

Al-Yagon, M. (2011). Adolescents' subtypes of attachment security with fathers and mothers and self-perceptions of socioemotional adjustment. *Psychology, 2*(4), 291-299. doi: 10.4236/psych.2011.24046

Allen-Collinson, J. (2009). A marked man: female-perpetrated intimate partner abuse. *International Journal of Men's Health, 8*(1), 22-40.

Ammerman, R. T., Shenk, C. E., Teeters, A. R., Noll, J. G., Putnam, F. W., & Van Ginkel, J. B. (2013). Multiple Mediation of Trauma and Parenting Stress in Mothers in Home Visiting. *Infant Mental Health Journal, 34*(3), 234-241. doi: 10.1002/imhj.21383

Ansara, D. L., & Hindin, M. J. (2011). Psychosocial Consequences of Intimate Partner Violence for Women and Men in Canada. *Journal of Interpersonal Violence, 26*(8), 1628-1645. doi: 10.1177/0886260510370600

Appel, A. E., & Holden, G. W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*(4), 578-599. doi: 10.1037/0893-3200.12.4.578

Archer, J. (2002). Sex differences in physically aggressive acts between heterosexual partners: A meta-analytic review. *Aggression and Violent Behavior, 7*(4), 313-351. doi: http://dx.doi.org/10.1016/S1359-1789(01)00061-1

Asla, N., de Paúl, J., & Pérez-Albéniz, A. (2011). Emotion recognition in fathers and mothers at high-risk for child physical abuse. *Child Abuse and Neglect, 35*(9), 712-721. doi: 10.1016/j.chiabu.2011.05.010

Augoustinos, M., & Walker, I. (1998). The Construction of Stereotypes within Social Psychology: From Social Cognition to Ideology. *Theory & Psychology, 8*(5), 629-652. doi: 10.1177/0959354398085003

Aunola, K., Nurmi, J.-E., Onatsu-Arvilommi, T., & Pulkkinen, L. (1999). The role of parents' self-esteem, mastery-orientation and social background in their parenting styles. *Scandinavian Journal of Psychology, 40*(4), 307-317. doi: 10.1111/1467-9450.404131

Australian Bureau of Statistics. (2011). 2011 Census QuickStats, 2770, NSW. from http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/POA2770?opendocument&navpos=220)

Australian Bureau of Statistics. (2012). 6227.0 - Education and Work, Australia, May 2012 from http://www.abs.gov.au/ausstats/abs@.nsf/Products/6227.0~May+2012~Main+Features~Attainment?OpenDocument

Australian Bureau of Statistics. (2013a). 4906.0 - Personal Safety, Australia, 2012 from http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4906.02012

Australian Bureau of Statistics. (2013b). Socio-economic indexes for area (SEIFA), postal area data cube, 2011. from http://www.abs.gov.au/ausstats/abs@.nsf/DetailsPage/2033.0.55.0012011?OpenDocument

Bacro, F. (2012). Perceived attachment security to father, academic self-concept and school performance in language mastery. *Journal of Child and Family Studies, 21*(6), 992-1002. doi: 10.1007/s10826-011-9561-1

Baksheev, G. N., Robinson, J., Cosgrave, E. M., Baker, K., & Yung, A. R. (2011). Validity of the 12-item General Health Questionnaire (GHQ-12) in detecting depressive and anxiety disorders among high school students. *Psychiatry Research, 187*(1–2), 291-296. doi: http://dx.doi.org/10.1016/j.psychres.2010.10.010

Bancroft, L. (2002). *Why does he do that? Inside the minds of angry and controlling men*. New York: The Berkley Publishing Group.

Bancroft, L., & Silverman, J. G. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. CA: Thousand Oaks.

Bandura, A. (1962). *Social Learning through Imitation*. Lincoln, NE: University of Nebraska Press.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122-147. doi: 10.1037/0003-066X.37.2.122

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, New Jersey: Prentice-Hall.

Barker, J., Kolar, V., Mallet, S., McArthur, M., & Saunders, V. (2011). *More than just me: Supporting fathers who are homeless*. (A report for the Australian Homelessness Clearinghouse). Canberra: Australian Catholic University. Retrieved from https://homelessnessclearinghouse.govspace.gov.au/files/2012/08/3.-More-than-just-Me-Supporting-fathers-who-are-homeless.pdf.

Baxter, J., Edwards, B., & Maguire, B. (2012). *New father figures and fathers who live elsewhere*. (Occasional Paper No. 42). Melbourne: Australian Institute of Family Studies. Retrieved from http://www.fahcsia.gov.au/sites/default/files/documents/08_2012/op42_internals_v4.pdf.

Baxter, J., & Smart, D. (2010). *Fathering in Australia among couple families with young children*. (Occasional Paper No. 37). Melbourne: Australian Institute of Family Studies. Retrieved from http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/op37.pdf.

Baynes, P., & Holland, S. (2012). Social work with violent men: A child protection file study in an English local authority. *Child Abuse Review, 21*(1), 53-65. doi: 10.1002/car.1159

Behl, L. E., Conyngham, H. A., & May, P. F. (2003). Trends in child maltreatment literature. *Child Abuse and Neglect, 27*(2), 215-229. doi: 10.1016/s0145-2134(02)00535-5

Bellamy, J. L. (2009). A national study of male involvement among families in contact with the child welfare system. *Child Maltreatment, 14*(3), 255-262. doi: 10.1177/1077559508326288

Belsky, J. (1993). Etiology of child maltreatment: A developmental€cological analysis. *Psychological Bulletin, 114*(3), 413-434. doi: 10.1037/0033-2909.114.3.413

Berger, L. M., Paxson, C., & Waldfogel, J. (2009). Mothers, men, and child protective services involvement. *Child Maltreatment, 14*(3), 263-276. doi: 10.1177/1077559509337255

Berlyn, C., Wise, S., & Soriano, G. (2008). *Engaging fathers in child and family services: Participation, perceptions and good practice*. (Occasional Paper No. 22). Canberra: National Evaluation Consortium (University of NSW and Australian Institute of Family Studies). Retrieved from http://apo.org.au/?q=node/3992.

Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Volume 2: Separation, anxiety and anger*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Volume 3: Loss, sadness and depression*. New York: Basic Books.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routlege.

Bradley, R. H., Shears, J. K., Roggman, L. A., & Tamis-LeMonda, C. S. (2006). Lessons learned from Early Head Start for fatherhood research and program development. *Parenting, 6*(2-3), 259-271. doi: 10.1080/15295192.2006.9681309

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., & Black, J. (2008). *Analysing child deaths and serious injury through abuse and neglect: What can we learn?* (Research Report DCSF-RR023). London: Department for Children, Schools and Families.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Broadhurst, K., & Pendleton, T. (2007). Revisiting children 'home on trial' in the context of current concerns about the costs and effectiveness of the looked-after children system: findings from an exploratory study. *Child & Family Social Work, 12*(4), 380-389. doi: 10.1111/j.1365-2206.2007.00489.x

Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems *National Child Protection Clearinghouse*: Australian Institute of Family Studies

Bronte-Tinkew, J., & Horowitz, A. (2010). Factors associated with unmarried, nonresident fathers' perceptions of their coparenting. *Journal of Family Issues, 31*(1), 31-65. doi: 10.1177/0192513x09342866

Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect, 22*(11), 1065-1078. doi: http://dx.doi.org/10.1016/S0145-2134(98)00087-8

Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. *Child and Family Social Work, 14*(1), 25-34. doi: 10.1111/j.1365-2206.2008.00578.x

Brown, L., Strega, S., Dominelli, L., Walmsley, C., & Callahan, M. (2009). Engaging fathers in child welfare practice. In S. Strega & J. Carriere (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Winnipeg: Fernwood Publishing.

Bugental, D. B. (1989). Perceived control over caregiving outcomes: Implications for child abuse. *Developmental Psychology, 25*(4), 532-539. doi: 10.1037/0012-1649.25.4.532

Bugental, D. B. (2004). Finding Ways to Reduce the Prevalence of Child Maltreatment Among Fathers: A Comment on the Alternative Approaches. *Clinical Psychology: Science and Practice, 11*(1), 112-115. doi: 10.1093/clipsy.bph059

Bugental, D. B., & Happaney, K. (2000). Parent–Child Interaction as a Power Contest. *Journal of Applied Developmental Psychology, 21*(3), 267-282. doi: http://dx.doi.org/10.1016/S0193-3973(99)00038-6

Bugental, D. B., & Happaney, K. (2004). Predicting infant maltreatment in low-income families: the interactive effects of maternal attributions and child status at birth. *Developmental Psychology, 40*(2), 234.

Bui, B., & Graham, A. (2006). *Support issues for homeless single fathers and their children*. (Report for Wombat Housing and Support Services). Melbourne: Victoria University. Retrieved from http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/singlefathers.pdf.

Burrus, S. W. M., Green, B. L., Worcel, S., Finigan, M., & Furrer, C. (2012). Do dads matter? Child welfare outcomes for father-identified families. *Journal of Child Custody, 9*(3), 201-216. doi: 10.1080/15379418.2012.715550

Bzostek, S. H. (2008). Social fathers and child well-being. *Journal of Marriage and Family, 70*(4), 950-961. doi: 10.1111/j.1741-3737.2008.00538.x

Caldera, Y. M. (2004). Paternal involvement and infant-father attachment: A Q-set study. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers, 2*(2), 191-210. doi: 10.3149/fth.0202.191

Caliso, J. A., & Milner, J. S. (1994). Childhood physical abuse, childhood social support, and adult child abuse potential. *Journal of Interpersonal Violence, 9*(1), 27-44. doi: 10.1177/088626094009001003

Cameron, G., Coady, N., & Hoy, S. (2014). Perspectives on being a father from men involved with child welfare services. *Child and Family Social Work, 19*(1), 14-23. doi: 10.1111/j.1365-2206.2012.00876.x

Capaldi, D. M., Shortt, J. W., Kim, H. K., Wilson, J., Crosby, L., & Tucci, S. (2009). Official incidents of domestic violence: types, injury, and associations with nonofficial couple aggression. *Violence and victims, 24*(4), 502.

Cavanagh, K., Dobash, R. E., & Dobash, R. P. (2007). The murder of children by fathers in the context of child abuse. *Child Abuse & Neglect, 31*(7), 731-746. doi: http://dx.doi.org/10.1016/j.chiabu.2006.12.016

Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect, 20*(3), 191-203. doi: http://dx.doi.org/10.1016/S0145-2134(95)00144-1

Chaffin, M., & Valle, L. A. (2003). Dynamic prediction characteristics of the Child Abuse Potential Inventory. *Child Abuse & Neglect, 27*(5), 463-481. doi: http://dx.doi.org/10.1016/S0145-2134(03)00036-X

Child Welfare Information Gateway. (2014). What is child welfare? A guide for behavioural health/mental health professionals. https://www.childwelfare.gov/pubPDFs/cw_healthcare.pdf

Coady, N., Hoy, S. L., & Cameron, G. (2013). Fathers' experiences with child welfare services. *Child and Family Social Work, 18*(3), 275-284. doi: 10.1111/j.1365-2206.2012.00842.x

Coakley, T. M. (2012). The influence of father involvement on child welfare permanency outcomes: A secondary data analysis. *Children and Youth Services Review*, advance online publication. doi: 10.1016/j.childyouth.2012.09.023

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*(4), 260-268. doi: 10.1016/s0749-3797(02)00514-7

Coohey, C. (2006). Physically abusive fathers and risk assessment. *Child Abuse and Neglect, 30*(5), 467-480. doi: 10.1016/j.chiabu.2004.10.016

Coohey, C., & Zhang, Y. (2006). The role of men in chronic supervisory neglect. *Child Maltreatment, 11*(1), 27-33. doi: 10.1177/1077559505283548

Cowan, P. A., Cohn, D. A., Cowan, C. P., & Pearson, J. L. (1996). Parents' attachment histories and children's externalizing and internalizing behaviors: Exploring family systems models of linkage. *Journal of Consulting and Clinical Psychology, 64*(1), 53-63. doi: 10.1037/0022-006x.64.1.53

Cowling, S. (2011). [Consolidated data by Newpin centre].

Coyl-Shepherd, D. D., & Newland, L. A. (2012). Mothers' and fathers' couple and family contextual influences, parent involvement, and school-age child attachment. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.711599

Crooks, C. V., Scott, K. L., Francis, K. J., Kelly, T., & Reid, M. (2006). Eliciting Change in Maltreating Fathers: Goals, Processes, and Desired Outcomes. *Cognitive and Behavioral Practice, 13*(1), 71-81. doi: 10.1016/j.cbpra.2004.10.002

Daniel, B. M., & Taylor, J. (1999). The rhetoric versus the reality: A critical perspective on practice with fathers in child care and protection work. *Child and Family Social Work, 4*(3), 209-220. doi: 10.1046/j.1365-2206.1999.00117.x

Daniel, B. M., & Taylor, J. (2006). Gender and child neglect: Theory, research and policy. *Critical Social Policy, 26*(2), 426-439. doi: 10.1177/0261018306062593

Davis, R. N., Davis, M. M., Freed, G. L., & Clark, S. J. (2011). Fathers' depression related to positive and negative parenting behaviors with 1-year-old children. *Pediatrics, 127*(4), 612-618. doi: 10.1542/peds.2010-1779

de Paúl, J., Milner, J. S., & Múgica, P. (1995). Childhood maltreatment, childhood social support, and child abuse potential in a Basque sample. *Child Abuse and Neglect, 19*(8), 907-920. doi: http://dx.doi.org/10.1016/0145-2134(95)00053-B

Department of Child Safety. (2008). *Characteristics of parents involved in the Queensland child protection system. Report 2. Parent risk factors for abuse and neglect*. Brisbane: Queensland Government Retrieved from http://www.communities.qld.gov.au/resources/childsafety/about-us/performance/child-protection/report-2-parents-risk.pdf.

Department of Child Safety. (2009). *Characteristics of parents involved in the Queensland child protection system. Report 6: Summary of key findings*. Queensland Government Retrieved from http://www.communities.qld.gov.au/resources/childsafety/about-us/performance/child-protection/report-6-key-findings.pdf.

Desjardins, T., & Leadbeater, B. (2011). Relational victimization and depressive symptoms in adolescence: Moderating effects of mother, father, and peer emotional support. *Journal of Youth and Adolescence, 40*(5), 531-544. doi: 10.1007/s10964-010-9562-1

Diener, M., Isabella, R., & Behunin, M. (2008). Attachment to mothers and fathers during middle school: Associations with child gender, grade and competence. *Social Development, 17*(1), 84-100.

Dixon, L., Hamilton-Giachritsis, C., Browne, K., & Ostapuik, E. (2007). The co-occurrence of child and intimate partner maltreatment in the family: Characteristics of the violent perpetrators. *Journal of Family Violence, 22*(8), 675-689. doi: 10.1007/s10896-007-9115-x

Dobash, R. P., & Dobash, R. E. (2004). Women's violence to men in intimate relationships: Working on a puzzle. *British Journal of Criminology, 44*(3), 324-349. doi: 10.1093/bjc/azh026

Dobson, A., Smith, N., & Pachana, N. (2005). Some problems with life event lists and health outcomes. *International Journal of Behavioral Medicine, 12*(3), 199-205. doi: 10.1207/s15327558ijbm1203_9

Dominelli, L., Strega, S., Walmsley, C., Callahan, M., & Brown, L. (2011). 'Here's my story': Fathers of 'looked after' children recount their experiences in the Canadian child welfare system. *British Journal of Social Work, 41*(2), 351-367. doi: 10.1093/bjsw/bcq099

Donath, S. (2001). The validity of the 12-item General Health Questionnaire in Australia: A comparison between three scoring methods. *Australian and New Zealand Journal of Psychiatry, 35*(2), 231-235. doi: 10.1046/j.1440-1614.2001.00869.x

Douglas, E., & Hines, D. (2011). The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence, 26*(6), 473-485. doi: 10.1007/s10896-011-9382-4

Douglas, H., & Walsh, T. (2010). Mothers, Domestic Violence, and Child Protection. *Violence Against Women, 16*(5), 489-508. doi: 10.1177/1077801210365887

Dubeau, D., Coutu, S., & Lavigueur, S. (2012). Links between different measures of mother/father involvement and child social adjustment. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.723442

Dubowitz, H. (2006). Where's Dad? A need to understand father's role in child maltreatment. *Child Abuse and Neglect, 30*(5), 461-465. doi: 10.1016/j.chiabu.2006.04.002

Dubowitz, H. (2009). Commentary on fathers and children and maltreatment. *Child Maltreatment, 14*(3), 291-293. doi: 10.1177/1077559509339389

Dubowitz, H., Black, M. M., Cox, C. E., Kerr, M. A., Litrownik, A. J., Radhakrishna, A., . . . Runyan, D. K. (2001). Father involvement and children's functioning at age 6 years: A multisite study. *Child Maltreatment, 6*(4), 300-309. doi: 10.1177/1077559501006004003

Dubowitz, H., Black, M. M., Kerr, M. A., Starr, R. H., Jr, & Harrington, D. (2000). Fathers and child neglect. *Archives of Pediatrics and Adolescent Medicine, 154*(2), 135-141. doi: 10.1001/archpedi.154.2.135

Duffy, J. Y., Hughes, M., Asnes, A. G., & Leventhal, J. M. (2014). Child maltreatment and risk patterns among participants in a child abuse prevention program. *Child Abuse & Neglect*(0). doi: http://dx.doi.org/10.1016/j.chiabu.2014.11.005

Dufour, S., Lavergne, C., Larrivée, M.-C., & Trocmé, N. (2008). Who are these parents involved in child neglect? A differential analysis by parent gender and family structure. *Children and Youth Services Review, 30*(2), 141-156. doi: 10.1016/j.childyouth.2007.09.002

Duggan, A., Fuddy, L., McFarlane, E., Burrell, L., Windham, A., Higman, S., & Sia, C. (2004). Evaluating a statewide home visiting program to prevent child abuse in at-risk families of newborns: Fathers' participation and outcomes. *Child Maltreatment, 9*(1), 3-17. doi: 10.1177/1077559503261336

Dumont, C., & Paquette, D. (2012). What about the child's tie to the father? A new insight into fathering, father–child attachment, children's socio-emotional development and the activation relationship theory. *Early Child Development and Care*, Advance online publication. doi: 10.1080/03004430.2012.711592

Dunst, C. J., Jenkins, V., & Trivette, C. M. (1984). Family Support Scale: Reliability and validity. *Journal of Individual, Family, and Community Wellness, 1*, 45-52.

Dutton, D. G. (2007). Female intimate partner violence and developmental trajectories of abusive females. *International Journal of Men's Health, 6*(1), 54-70.

Dutton, D. G. (2008). My back pages: Reflections on thirty years of domestic violence research. *Trauma, Violence, and Abuse, 9*(3), 131-143. doi: 10.1177/1524838008319146

Dutton, D. G. (2012). The case against the role of gender in intimate partner violence. *Aggression and Violent Behavior, 17*(1), 99-104. doi: http://dx.doi.org/10.1016/j.avb.2011.09.002

Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior, 11*(5), 457-483. doi: http://dx.doi.org/10.1016/j.avb.2006.01.007

Edleson, J. L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134-154. doi: 10.1177/107780129952003

Eklund, M., Erlandsson, L.-K., & Hagell, P. (2012). Psychometric properties of a Swedish version of the Pearlin Mastery Scale in people with mental illness and healthy people. *Nordic Journal of Psychiatry, 66*(6), 380-388. doi: doi:10.3109/08039488.2012.656701

English, D. J., Marshall, D., Brummel, S., & Orme, M. (1999). Characteristics of Repeated Referrals to Child Protective Services in Washington State. *Child Maltreatment, 4*(4), 297-307. doi: 10.1177/1077559599004004003

Euser, S., Alink, L. R. A., Tharner, A., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2014). Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review, 37*(0), 64-70. doi: http://dx.doi.org/10.1016/j.childyouth.2013.12.002

Ewart-Boyle, S., Manktelow, R., & McColgan, M. (2013). Social work and the shadow father: lessons for engaging fathers in Northern Ireland. *Child & Family Social Work*, n/a-n/a. doi: 10.1111/cfs.12096

Featherstone, B., Morris, K., & White, S. (2013). A Marriage Made in Hell: Early Intervention Meets Child Protection. *British Journal of Social Work*. doi: 10.1093/bjsw/bct052

Featherstone, B., & Peckover, S. (2007). Letting them get away with it: Fathers, domestic violence and child welfare. *Critical Social Policy, 27*(2), 181-202. doi: 10.1177/0261018306075708

Featherstone, B., Rivett, M., & Scourfield, J. (2007). Working with men in health and social care. London: Sage publications.

Ferguson, H. (2012). Fathers, child abuse and child protection. *Child Abuse Review, 21*, 231-236. doi: 10.1002/car.2231

Ferguson, H., & Gates, P. (2013). Early intervention and holistic, relationship-based practice with fathers: evidence from the work of the Family Nurse Partnership. *Child & Family Social Work*, n/a-n/a. doi: 10.1111/cfs.12059

Ferguson, H., & Hogan, F. (2004). *Strengthening families through fathers: Developing policy and practice in relation to vulnerable fathers and their families*. Dublin: The Department of Social and Family Affairs. Retrieved from http://repository.wit.ie/676/1/foreword.pdf.

Fleming, J. S. (2010). *The absence of fathers in child and family welfare practice*. Unpublished doctoral dissertation. Monash University. Melbourne, Australia. Retrieved from http://arrow.monash.edu.au/vital/access/manager/Repository/monash:80105?queryType=vitalDismax&query=fathers+fleming

Fletcher, R., Freeman, E., & Matthey, S. (2011). The impact of behavioural parent training on fathers' parenting: A meta-analysis of the Triple P - Positive Parenting Program. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers, 9*(3), 291-312. doi: 10.3149/fth.0903.291

Fletcher, R., StGeorge, J., & Freeman, E. (2012). Rough and tumble play quality: Theoretical foundations for a new measure of father–child interaction. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.723439

Flouri, E. (2005). *Fathering and child outcomes*. Sussex, UK: John Wiley & Sons.

Flouri, E., & Buchanan, A. (2003). The role of father involvement and mother involvement in adolescents' psychological well-being. *British Journal of Social Work, 33*(3), 399-406. doi: 10.1093/bjsw/33.3.399

Fox, G. L., & Benson, M. L. (2004). Violent men, bad dads? Fathering profiles of men involved in intimate partner violence. In R. D. Day & M. E. Lamb (Eds.), *Conceptualizing and Measuring Father Involvement* (pp. 359–384). Mahwah, NJ: Lawrence Erlbaum Associates.

Fox, G. L., Sayers, J., & Bruce, C. (2001). Beyond Bravado: Redemption and rehabilitation in the fathering accounts of men who batter *Marriage & Family Review, 32*(3-4), 137-163. doi: 10.1300/J002v32n03_08

Francis, K. J., & Wolfe, D. A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. *Child Abuse and Neglect, 32*(12), 1127-1137. doi: 10.1016/j.chiabu.2008.05.007

Franck, E. J. (2001). Outreach to birthfathers of children in out-of-home care. *Child Welfare, 80*(3), 381-399.

Fuller, T. L., Paceley, M. S., & Schreiber, J. C. (2014). Differential Response family assessments: Listening to what parents say about service helpfulness. *Child Abuse & Neglect*. doi: http://dx.doi.org/10.1016/j.chiabu.2014.05.010

Fusco, R. A. (2013). "It's hard enough to deal with all the abuse issues": Child welfare workers' experiences with intimate partner violence on their caseloads. *Children and Youth Services Review, 35*(12), 1946-1953. doi: http://dx.doi.org/10.1016/j.childyouth.2013.09.020

Gallarin, M., & Alonso-Arbiol, I. (2012). Parenting practices, parental attachment and aggressiveness in adolescence: A predictive model. *Journal of Adolescence, 35*(6), 1601-1610. doi: 10.1016/j.adolescence.2012.07.002

Garvey, D. (2008). Review of the social and emotional wellbeing of Indigenous Australian peoples. *Australian Indigenous Health Infonet* from http://www.healthinfonet.ecu.edu.au/uploads/docs/sewb-review.pdf

Ghaffar, W., Manby, M., & Race, T. (2011). Exploring the Experiences of Parents and Carers whose Children Have Been Subject to Child Protection Plans. *British Journal of Social Work*. doi: 10.1093/bjsw/bcr132

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet, 373*(9657), 68-81.

Goldberg, D., & Williams, P. (1988). *GHQ: Users' guide to the General Health Questionnaire*. Windsor, UK: NFER-Nelson.

Golombok, S., & Badger, S. (2010). Children raised in mother-headed families from infancy: a follow-up of children of lesbian and single heterosexual mothers, at early adulthood. *Human Reproduction, 25*(1), 150-157. doi: 10.1093/humrep/dep345

Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes and recommendations*. London: Sage Publications.

Grossmann, K., Grossmann, K. E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Englisch, H., & Zimmermann, P. (2002). The uniqueness of the child–father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development, 11*(3), 301-337. doi: 10.1111/1467-9507.00202

Guille, L. (2004). Men who batter and their children: an integrated review. *Aggression and Violent Behavior, 9*(2), 129-163. doi: http://dx.doi.org/10.1016/S1359-1789(02)00119-2

Guterman, N. B. (1997). Early Prevention of Physical Child Abuse and Neglect: Existing Evidence and Future Directions. *Child Maltreatment, 2*(1), 12-34. doi: 10.1177/1077559597002001003

Guterman, N. B., Lee, S. J., Taylor, C. A., & Rathouz, P. J. (2009). Parental perceptions of neighborhood processes, stress, personal control, and risk for physical child abuse and neglect. *Child Abuse & Neglect, 33*(12), 897-906. doi: http://dx.doi.org/10.1016/j.chiabu.2009.09.008

Guterman, N. B., & Lee, Y. (2005). The role of fathers in risk for physical child abuse and neglect: Possible pathways and unanswered questions. *Child Maltreatment, 10*(2), 136-149. doi: 10.1177/1077559505274623

Guterman, N. B., Lee, Y., Lee, S. J., Waldfogel, J., & Rathouz, P. J. (2009). Fathers and maternal risk for physical child abuse. *Child Maltreatment, 14*(3), 277-290. doi: 10.1177/1077559509337893

Hamel, J. (2009). Toward a gender-inclusive conception of intimate partner violence research and theory: part 2 -- new directions. *International Journal of Men's Health, 8*(1), 41-59.

Hankins, M. (2008). The reliability of the twelve-item general health questionnaire (GHQ-12) under realistic assumptions. *BMC Public Health, 8*(1), 355.

Hartley, C. (2002). The co-occurrence of child maltreatment and domestic violence: Examining both neglect and child physical abuse. *Child Maltreatment, 7*(4), 349-358. doi: 10.1177/107755902237264

Hartley, C. (2004). Severe domestic violence and child maltreatment: considering child physical abuse, neglect, and failure to protect. *Children and Youth Services Review, 26*(4), 373-392. doi: http://dx.doi.org/10.1016/j.childyouth.2004.01.005

Haskett, M. E., Ahern, L. S., Ward, C. S., & Allaire, J. C. (2006). Factor structure and validity of the parenting stress index-short form. *Journal of clinical child and adolescent psychology, 35*(2), 302-312.

Haskett, M. E., Smith Scott, S., Grant, R., Ward, C. S., & Robinson, C. (2003). Child-related cognitions and affective functioning of physically abusive and comparison parents. *Child Abuse and Neglect, 27*(6), 663-686. doi: 10.1016/s0145-2134(03)00103-0

Hazena, N. L., McFarland, L., Jacobvitz, D., & Boyd-Soisson, E. (2010). Fathers' frightening behaviours and sensitivity with infants: Relations with fathers' attachment

representations, father-infant attachment, and children's later outcomes. *Early Child Development and Care, 180*(1&2), 51-69. doi: 10.1080/03004430903414703

Hines, D., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence, 22*(2), 63-72. doi: 10.1007/s10896-006-9052-0

Hines, D., & Douglas, E. (2010). A closer look at men who sustain intimate terrorism by women. *Partner Abuse, 1*(3), 286.

Hoeve, M., Dubas, J. S., Gerris, J. R. M., van der Laan, P. H., & Smeenk, W. (2011). Maternal and paternal parenting styles: Unique and combined links to adolescent and early adult delinquency. *Journal of Adolescence, 34*(5), 813-827. doi: 10.1016/j.adolescence.2011.02.004

Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J. (2011). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling and Psychotherapy Research, 12*(1), 44-52. doi: 10.1080/14733145.2011.630479

Hogan, T. M., Myers, B. J., & Elswick Jr, R. K. (2006). Child abuse potential among mothers of substance-exposed and nonexposed infants and toddlers. *Child Abuse & Neglect, 30*(2), 145-156. doi: http://dx.doi.org/10.1016/j.chiabu.2005.10.007

Holden, E., & Banez, G. (1996). Child abuse potential and parenting stress within maltreating families. *Journal of Family Violence, 11*(1), 1-12. doi: 10.1007/bf02333337

Howe, A. (2008). *Sex, violence and crime: Foucault and the "man" question*. Abingdon: Routledge Cavendish.

Huebner, R. A., Werner, M., Hartwig, S., White, S., & Shewa, D. (2008). Engaging fathers. *Administration in Social Work, 32*(2), 87-103. doi: 10.1300/J147v32n02_06

Humphreys, C., & Absler, D. (2011). History repeating: Child protection responses to domestic violence. *Child and Family Social Work, 16*(4), 464-473. doi: 10.1111/j.1365-2206.2011.00761.x

Hunter, C., & Price-Robertson, R. (2012). *Family structure and child maltreatment: Do some family types place children at greater risk?* (Child Family Community Australia Paper No. 10). Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/cfca/pubs/papers/a143277/cfca10.pdf.

Jaffee, S. R., Bowes, L., Ouellet-Morin, I., Fisher, H. L., Moffitt, T. E., Merrick, M. T., & Arseneault, L. (2013). Safe, stable, nurturing relationships break the intergenerational cycle of abuse: A prospective nationally representative cohort of children in the United Kingdom. *Journal of Adolescent Health, 53*(4, Supplement), S4-S10. doi: http://dx.doi.org/10.1016/j.jadohealth.2013.04.007

John, A., Halliburton, A., & Humphrey, J. (2012). Child–mother and child–father play interaction patterns with preschoolers. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.711595

John, A., & Halliburton, A. L. (2010). Q methodology to assess child-father attachment. *Early Child Development and Care, 180*(1&2), 71-85. doi: 10.1080/03004430903414711

Johnson, M. (2006). Apples and oranges in child custody disputes: Intimate terrorism vs. situational couple violence. *Journal of Child Custody, 2*(4), 43-52. doi: 10.1300/J190v02n04_03

Johnson, M. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior, 16*(4), 289-296. doi: 10.1016/j.avb.2011.04.006

Johnson, S. P., & Sullivan, C. M. (2008). How Child Protection Workers Support or Further Victimize Battered Mothers. *Affilia, 23*(3), 242-258. doi: 10.1177/0886109908319113

Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010). Understanding Chronically Reported Families. *Child Maltreatment, 15*(4), 271-281. doi: 10.1177/1077559510380738

Kamkar, K., Doyle, A., & Markiewicz, D. (2012). Insecure attachment to parents and depressive symptoms in early adolescence: Mediating roles of attributions and self-esteem. *International Journal of Psychological Studies, 4*(2), 3-18. doi: 10.5539/ijps.v4n2p3

Kang, J. (2013). Instrumental social support, material hardship, personal control and neglectful parenting. *Children and Youth Services Review, 35*(9), 1366-1373. doi: http://dx.doi.org/10.1016/j.childyouth.2013.05.009

King, A., & Houston, H. (2008). The Newpin Fathers' Centre: A force for change. In L. Mondy & S. Mondy (Eds.), *Newpin: Courage to change together*. Sydney: UnitingCare Burnside.

Kiraly, M., & Humphreys, C. (2013). A tangled web: parental contact with children in kinship care. *Child & Family Social Work*, n/a-n/a. doi: 10.1111/cfs.12060

Klevens, J., & Leeb, R. T. (2010). Child maltreatment fatalities in children under 5: Findings from the National Violence Death Reporting System. *Child Abuse and Neglect, 34*(4), 262-266. doi: 10.1016/j.chiabu.2009.07.005

Kochanska, G., & Kim, S. (2012). Early attachment organization with both parents and future behavior problems: From infancy to middle childhood. *Child Development*, advance online publication. doi: 10.1111/j.1467-8624.2012.01852.x

Kopels, S., & Sheridan, M. C. (2002). Adding Legal Insult to Injury: Battered Women, Their Children, and the Failure to Protect. *Affilia, 17*(1), 9-29. doi: 10.1177/0886109902017001002

Korten, A., & Henderson, S. (2000). The Australian National Survey of Mental Health and Well-Being: Common psychological symptoms and disablement. *The British Journal of Psychiatry, 177*(4), 325-330. doi: 10.1192/bjp.177.4.325

Kouvo, A. M., & Silvén, M. (2010). Finnish mother's and father's attachment representations during child's first year predict psychosocial adjustment in preadolescence. *Attachment and Human Development, 12*(6), 529-549. doi: 10.1080/14616734.2010.504545

Krishnan, V., & Morrison, K. B. (1995). An ecological model of child maltreatment in a Canadian Province. *Child Abuse & Neglect, 19*(1), 101-113. doi: http://dx.doi.org/10.1016/0145-2134(94)00101-Y

Kullberg, C. (2005). Differences in the Seriousness of Problems and Deservingness of Help: Swedish Social Workers' Assessments of Single Mothers and Fathers. *British Journal of Social Work, 35*(3), 373-386. doi: 10.1093/bjsw/bch187

Laird, S. E. (2013). Training Social Workers to Effectively Manage Aggressive Parental Behaviour in Child Protection in Australia, the United States and the United Kingdom. *British Journal of Social Work*. doi: 10.1093/bjsw/bct043

Lam, W., Fals-Stewart, W., & Kelley, M. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse. *Child Maltreatment, 14*(3), 243-254. doi: 10.1177/1077559509334091

Lamb, M. E. (2001). Male roles in families "at risk": The ecology of child maltreatment. *Child Maltreatment, 6*(4), 310-313. doi: 10.1177/1077559501006004004

Lamb, M. E. (2010a). How do fathers influence children's development? Let me count the ways In M. E. Lamb (Ed.), *The role of the father in child development* (5th ed.). Hoboken, NJ: Wiley.

Lamb, M. E. (2010b). *The role of the father in child development* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Lamb, M. E. (2012a). Mothers, Fathers, Families, and Circumstances: Factors Affecting Children's Adjustment. *Applied Developmental Science, 16*(2), 98-111. doi: 10.1080/10888691.2012.667344

Lamb, M. E. (2012b). A wasted opportunity to engage with the literature on the implications of attachment research for family court professionals. *Family Court Review, 50*(3), 481-485. doi: 10.1111/j.1744-1617.2012.01463.x

Lamont, A. (2010). Effects of child abuse and neglect for adult survivors. from http://www.theactgroup.com.au/documents/EffectsofChildAbuseandNeglectforAdultSurvivors.pdf

Lamont, A. (2011). *Who abuses children?* (National Child Protection Clearinghouse resource sheet). Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/nch/pubs/sheets/rs7/rs7.pdf.

Laulik, S., Allam, J., & Browne, K. (2013). The Use of the Child Abuse Potential Inventory in the Assessment of Parents involved in Care Proceedings. *Child Abuse Review*, n/a-n/a. doi: 10.1002/car.2294

Lawson, K. J., Rodwell, J. J., & Noblet, A. J. (2012). Mental health of a police force: Estimating prevalence of work-related depression in Australia without a direct national measure *Psychological Reports, 110*(3), 743-752. doi: 10.2466/01.02.13.17.pr0.110.3.743-752

Lee, S. J. (2012). Paternal and Household Characteristics Associated With Child Neglect and Child Protective Services Involvement. *Journal of Social Service Research, 39*(2), 171-187. doi: 10.1080/01488376.2012.744618

Lee, S. J., Bellamy, J. L., & Guterman, N. B. (2009). Fathers, physical child abuse, and neglect. *Child Maltreatment, 14*(3), 227-231. doi: 10.1177/1077559509339388

Lee, S. J., Guterman, N. B., & Lee, Y. (2008). Risk factors for paternal physical child abuse. *Child Abuse and Neglect, 32*(9), 846-858. doi: 10.1016/j.chiabu.2007.11.006

Lee, S. J., Perron, B. E., Taylor, C. A., & Guterman, N. B. (2011). Paternal Psychosocial Characteristics and Corporal Punishment of Their 3-Year-Old Children. *Journal of Interpersonal Violence, 26*(1), 71-87. doi: 10.1177/0886260510362888

Lee, S. J., Taylor, C. A., & Bellamy, J. L. (2012). Paternal depression and risk for child neglect in father-involved families of young children. *Child Abuse & Neglect, 36*(5), 461-469. doi: http://dx.doi.org/10.1016/j.chiabu.2012.04.002

Lero, D., Ashbourne, L., & Whitehead, D. (2006). *Inventory of policies and policy areas influencing father involvement*. (Father Involvement Research Alliance report). Guelph: Centre for Families, Work & Well-Being, University of Guelph, Canada. Retrieved from http://www.fira.ca/cms/documents/22/FIRA-Inventory_of_Policies.pdf.

Lewis, C., & Lamb, M. E. (2007). *Understanding fatherhood: A review of recent research*. (Joseph Rowntree Foundation report). Lancaster: Lancaster University, England. Retrieved from http://www.jrf.org.uk/sites/files/jrf/understanding-fatherhood.pdf.

Liu, Y.-L. (2008). An examination of three models of the relationships between parental attachments and adolescents' social functioning and depressive symptoms. *Journal of Youth and Adolescence, 37*(8), 941-952. doi: 10.1007/s10964-006-9147-1

Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice, 18*(2), 97-106. doi: 10.1177/1049731507309828

MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse & Neglect, 24*(9), 1127-1149. doi: http://dx.doi.org/10.1016/S0145-2134(00)00178-2

Magen, R. H. (1999). In the Best Interests of Battered Women: Reconceptualizing Allegations of Failure to Protect. *Child Maltreatment, 4*(2), 127-135. doi: 10.1177/1077559599004002005

Malm, K., Murray, J., & Geen, R. (2006). *What about the dads? Child welfare agencies' efforts to identify, locate, and involve nonresident fathers* (Final Report). Washington, DC: The US Department of Health and Human Services. Retrieved from http://aspe.hhs.gov/hsp/06/cw-involve-dads/report.pdf.

Malm, K., & Zielewski, E. H. (2009). Nonresident father support and reunification outcomes for children in foster care. *Children and Youth Services Review, 31*(9), 1010-1018. doi: 10.1016/j.childyouth.2009.04.016

Mapp, S. C. (2006). The effects of sexual abuse as a child on the risk of mothers physically abusing their children: A path analysis using systems theory. *Child Abuse & Neglect, 30*(11), 1293-1310. doi: http://dx.doi.org/10.1016/j.chiabu.2006.05.006

Marshall, D., English, D. J., & Stewart, A. J. (2001). The effect of fathers or father figures on child behavioral problems in families referred to child protective services. *Child Maltreatment, 6*(4), 290-299. doi: 10.1177/1077559501006004002

Marshall, G. N. (1990). Optimism, self-mastery, and symptoms of depression in women professionals. *Journal of Personality and Social Psychology, 59*(1), 132-139.

Marsiglio, W., & Cohan, M. (2000). Contextualizing Father Involvement and Paternal Influence. *Marriage & Family Review, 29*(2-3), 75-95. doi: 10.1300/J002v29n02_06

Marsiglio, W., Day, R. D., & Lamb, M. E. (2000). Exploring Fatherhood Diversity. *Marriage & Family Review, 29*(4), 269-293. doi: 10.1300/J002v29n04_03

Martorell, G. A., & Bugental, D. B. (2006). Maternal variations in stress reactivity: Implications for harsh parenting practices with very young children. *Journal of Family Psychology, 20*(4), 641-647. doi: 10.1037/0893-3200.20.4.641

Masciadrelli, B. P., Pleck, J. H., & Stueve, J. L. (2006). Fathers' role model perceptions. *Men and Masculinities, 9*(1), 23-34. doi: 10.1177/1097184x04270377

Mattingly, D. J., Prislin, R., McKenzie, T. L., Rodriguez, J. L., & Kayzar, B. (2002). Evaluating Evaluations: The Case of Parent Involvement Programs. *Review of Educational Research, 72*(4), 549-576. doi: 10.3102/00346543072004549

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child and Family Social Work, 17*(2), 160-169. doi: 10.1111/j.1365-2206.2012.00827.x

Maxwell, N., Scourfield, J., Holland, S., Featherstone, B., & Lee, J. (2012). The benefits and challenges of training child protection social workers in father engagement. *Child Abuse Review, 21*(4), 299-310. doi: 10.1002/car.2218

McLaughlin, K. A., Gadermann, A. M., Hwang, I., Sampson, N. A., Al-Hamzawi, A., Andrade, L. H., . . . Kessler, R. C. (2012). Parent psychopathology and offspring

mental disorders: Results from the WHO world mental health surveys. *The British Journal of Psychiatry, 200*(4), 290-299. doi: 10.1192/bjp.bp.111.101253

Mederos, F. (2004). Accountability and connection with abusive men: A new child protection response to increasing family safety. San Francisco: Family Violence Prevention Fund.

Michiels, D., Grietens, H., Onghena, P., & Kuppens, S. (2010). Perceptions of maternal and paternal attachment security in middle childhood: Links with positive parental affection and psychosocial adjustment. *Early Child Development and Care, 180*(1&2), 211-225. doi: 10.1080/03004430903415064

Migliaccio, T. A. (2002). Abused husbands. *Journal of Family Issues, 23*(1), 26-52. doi: 10.1177/0192513x02023001002

Miller, L. E., Cater, Å. K., Howell, K. H., & Graham-Bermann, S. A. (2014). Perpetration patterns and environmental contexts of IPV in Sweden: Relationships with adult mental health. *Child Abuse and Neglect, 38*(1), 147-158. doi: http://dx.doi.org/10.1016/j.chiabu.2013.10.023

Milner, J. (1993). A disappearing act: The differing career paths of fathers and mothers in child protection investigations. *Critical Social Policy, 13*(38), 48-63. doi: 10.1177/026101839301303803

Mirick, R. (2013). Engagement in Child Protective Services: The Role of Substance Abuse, Intimate Partner Violence and Race. *Child and Adolescent Social Work Journal*, 1-13. doi: 10.1007/s10560-013-0320-6

Mondy, L., & Mondy, S. (2008). Introduction. In L. Mondy & S. Mondy (Eds.), *Newpin: Courage to Change Together* (pp. 1-13). Sydney: UnitingCare Burnside.

Morris, A. (2009). Gendered dynamics of abuse and violence in families: considering the abusive household gender regime. *Child Abuse Review, 18*(6), 414-427. doi: 10.1002/car.1098

Newcomb, M. D., & Locke, T. F. (2001). Intergenerational cycle of maltreatment: a popular concept obscured by methodological limitations. *Child Abuse and Neglect, 25*(9), 1219-1240. doi: 10.1016/s0145-2134(01)00267-8

Newland, L. A., Chen, H.-H., Coyl-Shepherd, D. D., Liang, Y.-C., Carr, E. R., Dykstra, E., & Gapp, S. C. (2012). Parent and child perspectives on mothering and fathering: The influence of ecocultural niches. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.711598

Newland, L. A., & Coyl, D. D. (2010). Fathers' role as attachment figures: An interview with Sir Richard Bowlby. *Early Child Development and Care, 180*(1&2), 25-32. doi: 10.1080/03004430903414679

Newland, L. A., Coyl, D. D., & Freeman, H. (2008). Predicting preschoolers' attachment security from fathers' involvement, internal working models, and use of social support. *Early Child Development and Care, 178*(7&8), 785-801. doi: 10.1080/03004430802352186

Newland, L. A., Coyl, D. D., & Hui-Hua, C. (2010). Fathering and attachment in the USA and Taiwan: Contextual predictors and child outcomes. *Early Child Development and Care, 180*(1&2), 173-191. doi: 10.1080/03004430903415049

Nivison-Smith, I., & Chilvers, M. (2007). *Child protection reports in context*. Sydney: NSW Department of Community Services Retrieved from http://www.community.nsw.gov.au/docswr/_assets/main/documents/stats_reports_context.pdf.

No to Violence. (2011). Determining who is doing what to whom in family violence referrals. from http://ntv.org.au/wp-content/uploads/docs/resources/121003-primary-aggressor-practice.pdf

O'Donnell, J. M., Johnson, W. E., D'Aunno, L. E., & Thornton, H. L. (2005). Fathers in child welfare: Caseworkers' perspectives. *Child Welfare, 84*(3), 387-414.

O'Hagan, K. (1997). The problem of engaging men in child protection work. *British Journal of Social Work, 27*(1), 25-42.

Office for National Statistics. (2014). *Chapter 4 - Intimate personal violence and partner abuse*. UK Government Retrieved from http://www.ons.gov.uk/ons/dcp171776_352362.pdf.

Ondersma, S. J., Chaffin, M., Mullins, S., & LeBreton, J. (2005). A Brief Form of the Child Abuse Potential Inventory: Development and Validation. *Journal of clinical child and adolescent psychology, 34*(2), 301-311.

Osborne, C., & Berger, L. M. (2009). Parental substance abuse and child well-being. *Journal of Family Issues, 30*(3), 341-370. doi: 10.1177/0192513x08326225

Øverlien, C. (2010). Children exposed to domestic violence: Conclusions from the literature and challenges ahead. *Journal of Social Work, 10*(1), 80-97. doi: 10.1177/1468017309350663

Pachana, N. A., Brilleman, S. L., & Dobson, A. J. (2011). Reporting of life events over time: Methodological issues in a longitudinal sample of women. *Psychological assessment, 23*(1), 277-281. doi: 10.1037/a0021337

Pallant, J. F., & Lae, L. (2002). Sense of coherence, well-being, coping and personality factors: further evaluation of the sense of coherence scale. *Personality and Individual Differences, 33*(1), 39-48. doi: http://dx.doi.org/10.1016/S0191-8869(01)00134-9

Paquette, D. (2004). Theorizing the father-child relationship: Mechanisms and developmental outcomes. *Human Development, 47*(4), 193-219. doi: 10.1159/000078723

Paquette, D., & Bigras, M. (2010). The risky situation: A procedure for assessing the father-child activation relationship. *Early Child Development and Care, 180*(1&2), 33-50. doi: 10.1080/03004430903414687

Pearlin, L. I., & Schooler, C. (1978). The Structure of Coping. *Journal of Health and Social Behavior, 19*(1), 2-21. doi: 10.2307/2136319

Peltonen, K., Ellonen, N., Pösö, T., & Lucas, S. (2014). Mothers' self-reported violence toward their children: A multifaceted risk analysis. *Child Abuse & Neglect*. doi: http://dx.doi.org/10.1016/j.chiabu.2014.10.016

Pennell, J. (2012). Strong fathers: Community guidance. North Carolina: Center for Family & Community Engagement.

Perez-Albeniz, A., & de Paul, J. (2004). Gender differences in empathy in parents at high- and low-risk of child physical abuse. *Child Abuse and Neglect, 28*(3), 289-300. doi: 10.1016/j.chiabu.2003.11.017

Pianta, R. C. (1994). *Parent–child relationship scale (P-CRS).* Unpublished scale.

Pittman, J. F., & Buckley, R. R. (2006). Comparing maltreating fathers and mothers in terms of personal distress, interpersonal functioning, and perceptions of family climate. *Child Abuse and Neglect, 30*(5), 481-496. doi: 10.1016/j.chiabu.2004.10.017

Polansky, N. A., Gaudin Jr, J. M., & Kilpatrick, A. C. (1992). Family radicals. *Children and Youth Services Review, 14*(1–2), 19-26. doi: http://dx.doi.org/10.1016/0190-7409(92)90010-S

Proctor, L. J., Van Dusen Randazzo, K., Litrownik, A. J., Newton, R. R., Davis, I. P., & Villodas, M. (2011). Factors associated with caregiver stability in permanent placements: A classification tree approach. *Child Abuse and Neglect, 35*(6), 425-436. doi: 10.1016/j.chiabu.2011.02.002

Putkonen, H., Amon, S., Eronen, M., Klier, C. M., Almiron, M. P., Cederwall, J. Y., & Weizmann-Henelius, G. (2011). Gender differences in filicide offense characteristics: A comprehensive register-based study of child murder in two European countries. *Child Abuse and Neglect, 35*(5), 319-328. doi: 10.1016/j.chiabu.2011.01.007

Putnick, D. L., Bornstein, M. H., Lansford, J. E., Malone, P. S., Pastorelli, C., Skinner, A. T., . . . Oburu, P. (2014). Perceived mother and father acceptance-rejection predict four unique aspects of child adjustment across nine countries. *Journal of Child Psychology and Psychiatry*, n/a-n/a. doi: 10.1111/jcpp.12366

Radhakrishna, A., Bou-Saada, I. E., Hunter, W. M., Catellier, D. J., & Kotch, J. B. (2001). Are father surrogates a risk factor for child maltreatment? *Child Maltreatment, 6*(4), 281-289. doi: 10.1177/1077559501006004001

Respect. (2013). *Respect toolkit for work with male victims of domestic violence 2nd edition* Retrieved from http://www.mensadviceline.org.uk/data/files/toolkit_for_work_with_male_victims_of_dv_2nd_ed_7._research__bibliography_respect.pdf

Respect. (2014). Respect: Men and women working together to end domestic violence from http://respect.uk.net/

Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems – a meta-analytic review. *Journal of Child Psychology and Psychiatry, 47*(1), 99-111. doi: 10.1111/j.1469-7610.2005.01544.x

Richaud de Minzi, M. C. (2010). Gender and cultural patterns of mothers' and fathers' attachment and links with children's self-competence, depression and loneliness in middle and late childhood. *Early Child Development and Care, 180*(1&2), 193-209. doi: 10.1080/03004430903415056

Rikhye, K., Tyrka, A. R., Kelly, M. M., Gagne Jr, G. G., Mello, A. F., Mello, M. F., . . . Carpenter, L. L. (2008). Interplay between childhood maltreatment, parental bonding, and gender effects: Impact on quality of life. *Child Abuse and Neglect, 32*(1), 19-34. doi: http://dx.doi.org/10.1016/j.chiabu.2007.04.012

Risley-Curtiss, C., & Heffernan, K. (2003). Gender biases in child welfare. *Affilia, 18*(4), 395-410. doi: 10.1177/0886109903257629

Rivett, M. (2010). Working with Violent Male Carers (Fathers and Stepfathers) *Gender and Child Welfare in Society* (pp. 195-222): John Wiley & Sons, Ltd.

Rodriguez-JenKins, J., & Marcenko, M. O. (2014). Parenting stress among child welfare involved families: Differences by child placement. *Children and Youth Services Review, 46*(0), 19-27. doi: http://dx.doi.org/10.1016/j.childyouth.2014.07.024

Roggman, L., Fitzgerald, H. E., Bradley, R. H., & Raikes, H. (2002). Methodological, measurement, and design issues in studying fathers; An interdisciplinary perspective. In C. Tamis-Lemonda & N. Cabrera (Eds.), *Handbook of father involvement: Multidisciplinary perspectives* (pp. 12-15). London: Lawrence Erlbaum Associates.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Ross, S. M. (1996). Risk of physical abuse to children of spouse abusing parents. *Child Abuse and Neglect, 20*(7), 589-598. doi: http://dx.doi.org/10.1016/0145-2134(96)00046-4

Saleh, M. F. (2012). Child welfare professionals' experiences in engaging fathers in services. *Child and Adolescent Social Work Journal*, advance online publication. doi: 10.1007/s10560-012-0282-0

Schaeffer, C. M., Alexander, P. C., Bethke, K., & Kretz, L. S. (2005). Predictors of child abuse potential among military parents: Comparing mothers and fathers. *Journal of Family Violence, 20*(2), 123-129. doi: 10.1007/s10896-005-3175-6

Schmitt, D. P., & Allik, J. (2005). Simultaneous Administration of the Rosenberg Self-Esteem Scale in 53 Nations: Exploring the Universal and Culture-Specific Features of Global Self-Esteem. *Journal of Personality and Social Psychology, 89*(4), 623-642. doi: 10.1037/0022-3514.89.4.623

Schmitz, N., Kruse, J., & Tress, W. (1999). Psychometric properties of the General Health Questionnaire (GHQ-12) in a German primary care sample. *Acta Psychiatrica Scandinavica, 100*(6), 462-468. doi: 10.1111/j.1600-0447.1999.tb10898.x

Scott, K. L., & Crooks, C. V. (2004). Effecting change in maltreating fathers: Critical principles for intervention planning. *Clinical Psychology: Science and Practice, 11*(1), 95-111. doi: 10.1093/clipsy.bph058

Scott, K. L., & Crooks, C. V. (2006). Intervention for abusive fathers: Promising practices in court and community responses. *Juvenile and Family Court Journal, 57*(3), 29-44.

Scott, K. L., & Crooks, C. V. (2007). Preliminary evaluation of an intervention program for maltreating fathers. *Brief Treatment and Crisis Intervention, 7*, 224-238.

Scott, K. L., & Lishak, V. (2012). Intervention for maltreating fathers: Statistically and clinically significant change. *Child Abuse and Neglect, 36*(9), 680-684. doi: 10.1016/j.chiabu.2012.06.003

Scourfield, J. (2001). Constructing men in child protection work. *Men and Masculinities, 4*(1), 70-89. doi: 10.1177/1097184x01004001004

Scourfield, J. (2006). The challenge of engaging fathers in the child protection process. *Critical Social Policy, 26*(2), 440-449. doi: 10.1177/0261018306062594

Scourfield, J., Tolman, R., Maxwell, N., Holland, S., Bullock, A., & Sloan, L. (2012). Results of a training course for social workers on engaging fathers in child protection. *Children and Youth Services Review, 34*(8), 1425-1432. doi: 10.1016/j.childyouth.2012.03.022

Sedlak, A. J., Mettenburg, J., Basena, M., Peta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to congress, executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families Retrieved from http://www.law.harvard.edu/programs/about/cap/cap-conferences/rd-conference/rd-conference-papers/sedlaknis.pdf.

Shapiro, A. F., & Krysik, J. (2010). Finding fathers in social work research and practice. *Journal of Social Work Values and Ethics, 7*(1).

Shapiro, A. F., Krysik, J., & Pennar, A. L. (2011). Who are the fathers in Healthy Families Arizona? An examination of father data in at-risk families. *American Journal of Orthopsychiatry, 81*(3), 327-336. doi: 10.1111/j.1939-0025.2011.01101.x

Sidebotham, P., & Golding, J. (2001). Child maltreatment in the "Children of the nineties": A longitudinal study of parental risk factors. *Child Abuse and Neglect, 25*(9), 1177-1200. doi: 10.1016/s0145-2134(01)00261-7

Sidebotham, P., & Heron, J. (2006). Child maltreatment in the "children of the nineties": A cohort study of risk factors. *Child Abuse & Neglect, 30*(5), 497-522. doi: http://dx.doi.org/10.1016/j.chiabu.2005.11.005

Slack, K. S., Berger, L. M., DuMont, K., Yang, M.-Y., Kim, B., Ehrhard-Dietzel, S., & Holl, J. L. (2011). Risk and protective factors for child neglect during early childhood: A cross-study comparison. *Children and Youth Services Review, 33*(8), 1354-1363. doi: http://dx.doi.org/10.1016/j.childyouth.2011.04.024

Slote, K. Y., Cuthbert, C., Mesh, C. J., Driggers, M. G., Bancroft, L., & Silverman, J. G. (2005). Battered Mothers Speak Out: Participatory Human Rights Documentation as a Model for Research and Activism in the United States. *Violence Against Women, 11*(11), 1367-1395. doi: 10.1177/1077801205280270

Smith, K. E., Osborne, S., Lau, I., & Britton, A. (2012). Homicides, firearm offences and intimate violence 2010/11: Supplementary Volume 2 to crime in England and Wales 2010/11. from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116483/hosb0212.pdf

Smith, T. K., Duggan, A., Bair-Merritt, M. H., & Cox, G. (2012). Systematic review of fathers' involvement in programmes for the primary prevention of child maltreatment. *Child Abuse Review, 21*(4), 237-254. doi: 10.1002/car.2195

Smithers, N. (2012). *Listening to fathers - Men's experience of child protection in Central Scotland*. Edinburg: Circle.

Soderstrom, K., & Skarderud, F. (2013). The Good, the Bad, and the Invisible Father: A Phenomenological Study of Fatherhood in Men with Substance Use Disorder. *Fathering: A Journal of Theory, Research, & Practice about Men as Fathers, 11*(1), 31-51. doi: 10.3149/fth.1101.31

Solomon, D., & Åsberg, K. (2012). Effectiveness of child protective services interventions as indicated by rates of recidivism. *Children and Youth Services Review, 34*(12), 2311-2318. doi: http://dx.doi.org/10.1016/j.childyouth.2012.08.014

Solomon, D., Morgan, B., Åsberg, K., & McCord, D. (2014). Treatment implications based on measures of child abuse potential and parent mental health: Are we missing an intervention opportunity? *Children and Youth Services Review, 43*(0), 153-159. doi: http://dx.doi.org/10.1016/j.childyouth.2014.05.016

Stevenson, M. M., & Crnic, K. A. (2012). Activative fathering predicts later children's behaviour dysregulation and sociability. *Early Child Development and Care*, advance online publication. doi: 10.1080/03004430.2012.723441

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., . . . Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*(1), 13-29. doi: http://dx.doi.org/10.1016/j.avb.2006.03.006

Storhaug, A. S., & Øien, K. (2012). Fathers' encounters with the Child Welfare Service. *Children and Youth Services Review, 34*(1), 296-303. doi: 10.1016/j.childyouth.2011.10.031

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and Family, 41*(1), 75-88.

Straus, M. A. (2008). Dominance and symmetry in partner violence by male and female university students in 32 nations. *Children and Youth Services Review, 30*(3), 252-275. doi: http://dx.doi.org/10.1016/j.childyouth.2007.10.004

Straus, M. A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression and Violent Behavior, 16*(4), 279-288. doi: 10.1016/j.avb.2011.04.010

Strega, S., Brown, L., Callahan, M., Dominelli, L., & Walmsley, C. (2009). Working with me, working at me: Fathers' narratives of child welfare. *Journal of Progressive Human Services, 20*(1), 72-91. doi: 10.1080/10428230902871207

Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M., & Walmsley, C. (2008). Connecting father absence and mother blame in child welfare policies and practice. *Children and Youth Services Review, 30*(7), 705-716. doi: 10.1016/j.childyouth.2007.11.012

Taplin, S., & Mattick, R. P. (2013). Mothers in methadone treatment and their involvement with the child protection system: A replication and extension study. *Child Abuse & Neglect, 37*(8), 500-510. doi: http://dx.doi.org/10.1016/j.chiabu.2013.01.003

Taylor, J., & Daniel, B. (2000). The rhetoric vs. the reality in child care and protection: ideology and practice in working with fathers. *Journal of Advanced Nursing, 31*(1), 12-19. doi: 10.1046/j.1365-2648.2000.01265.x

Teti, D. M., & Gelfand, D. M. (1991). Behavioral Competence among Mothers of Infants in the First Year: The Mediational Role of Maternal Self-Efficacy. *Child Development, 62*(5), 918-929. doi: 10.1111/j.1467-8624.1991.tb01580.x

Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women survey (Publication no. https://www.ncjrs.gov/pdffiles1/nij/183781.pdf). from US Department of Justice, https://www.ncjrs.gov/pdffiles1/nij/183781.pdf

Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse: men's hard times. *Journal of Community Psychology, 38*(6), 769-780. doi: 10.1002/jcop.20394

Veríssimo, M., Santos, A. J., Vaughn, B. E., Torres, N., Monteiro, L., & Santos, O. (2009). Quality of attachment to father and mother and number of reciprocal friends. *Early Child Development and Care, 181*(1), 27-38. doi: 10.1080/03004430903211208

Volling, B. L., McElwain, N. L., Notaro, P. C., & Herrera, C. (2002). Parents' emotional availability and infant emotional competence: Predictors of parent-infant attachment and emerging self-regulation. *Journal of Family Psychology, 16*(4), 447-465. doi: 10.1037/0893-3200.16.4.447

Waldfogel, J., Craigie, T.-A., & Brooks-Gunn, J. (2010). Fragile families and child wellbeing. *The Future of Children, 20*(2), 87-112.

Walker, C. A., & Davies, J. (2012). A Cross-cultural Validation of the Brief Child Abuse Potential Inventory (BCAP). *Journal of Family Violence, 27*(7), 697-705. doi: 10.1007/s10896-012-9458-9

Walker, C. A., & Walker, C. (2010). A Critical Review of the Psychometric Evidence Base of the Child Abuse Potential Inventory. *Journal of Family Violence, 25*(2), 215-227. doi: 10.1007/s10896-009-9285-9

Warner, T. (2010). Violent acts and injurious consequences: An examination of competing hypotheses about intimate partner violence using agency-based data. *Journal of Family Violence, 25*(2), 183-193. doi: 10.1007/s10896-009-9282-z

Weston, R., Temple, J., & Marshall, L. (2005). Gender symmetry and asymmetry in violent relationships: Patterns of mutuality among racially diverse women. *Sex Roles, 53*(7-8), 553-571. doi: 10.1007/s11199-005-7142-8

Weymouth, L. A., & Howe, T. R. (2011). A multi-site evaluation of Parents Raising Safe Kids violence prevention program. *Children and Youth Services Review, 33*(10), 1960-1967. doi: 10.1016/j.childyouth.2011.05.022

Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin, 106*(1), 3-28.

Willis, D. G., Zucchero, T. L., DeSanto-Madeya, S., Ross, R., Leone, D., Kaubris, S., . . . Easton, S. D. (2014). Dwelling in Suffering: Barriers to Men's Healing from Childhood Maltreatment. *Issues in Mental Health Nursing, 35*(8), 569-579. doi: doi:10.3109/01612840.2013.856972

Women's Health Australia. (2014a). Data Dictionary Supplement. from http://www.alswh.org.au/images/content/pdf/InfoData/Data_Dictionary_Supplement/DDSSection2PropLifeEvents.pdf

Women's Health Australia. (2014b). Home page. from http://www.alswh.org.au/

World Health Organization. (2014). Violence and Injury Prevention, Child Maltreatment. from http://www.who.int/violence_injury_prevention/violence/child/en/

Yang, M.-Y. (2014). The effect of material hardship on child protective service involvement. *Child Abuse & Neglect*(0). doi: http://dx.doi.org/10.1016/j.chiabu.2014.05.009

Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2013). Fathers as 'core business' in child welfare practice and research: An interdisciplinary review. *Children and Youth Services Review, 35*(7), 1055-1070. doi: http://dx.doi.org/10.1016/j.childyouth.2013.04.018

Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2014a). Are All Fathers in Child Protection Families Uncommitted, Uninvolved and Unable to Change? *Children and Youth Services Review, 41*, 83-94. doi: http://dx.doi.org/10.1016/j.childyouth.2014.03.014

Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2014b). Child protection fathers' experiences of childhood, intimate partner violence and parenting. *Children and Youth Services Review, 46*, 91-102. doi: http://dx.doi.org/10.1016/j.childyouth.2014.08.009

Appendices

Notes.

    a. This PhD was nested within a larger project funded by the Australian Research Council (ARC) entitled: 'Exploring processes of change in high risk Australian families' (EPoC). All participants in the larger EPoC project were mothers.

    b. Only interview questions relevant to the data reported in this thesis are given in the appendix. The full EPoC questionnaire has not been included.

    c. Most interview questions from Time 1 were repeated at Time 2. To conserve space the Time 2 questions are not included in the Appendix.

Appendix A: Study Participant Information Statement

Father Information Statement (Newpin Participants)
Exploring Change Processes for Parents

Dear Father/Guardian,

You are invited to participate in a study of the Newpin program. The purpose of the study is to learn more about the Newpin program and the experiences of parents and children as they participate in the program. The Australia-wide Newpin study has been funded by a grant from the Australian Research Council.

The study of the Newpin Fathers' program is being conducted by Lee Bevitt, a PhD candidate in the Department of Psychology at Macquarie University (Phone: 9850 9827 or email lee.bevitt@mq.edu.au), under the supervision of Dr Wayne Warburton (wayne.warburton@mq.edu.au), Dr Anne McMaugh (anne.mcmaugh@mq.edu.au) and Dr Kay Bussey (kay.bussey@mq.edu.au).

What is involved?

I would like to interview you about being a parent in the Newpin program. I would like to understand how you feel about yourself, about family life and your children and whether or not any of these things change for you during the Newpin program. Some of the questions will ask basic information about your background and family circumstances and other questions will ask about your general health and wellbeing and also about how your child is developing. Some questions might ask you to think about things that have happened in your life or your child's life and some people might feel uncomfortable about this. You don't have to answer any questions that you feel are too personal and you can stop the interview or take a break at any stage.

I would like to interview you in person twice. Once while you are enrolled in the Newpin program and once when you are nearly finished the program. I will work through the survey questions with you. Each interview will take around 1.5 hours to complete and I will conduct the interviews at the Newpin Centre in a quiet and private place. I will also contact you once in between these interviews to ask how you are going. I will also phone you about 6 months after you have left Newpin to find out what you thought were the best and worst things about Newpin, and how you thought being in Newpin changed things in your life. Your participation is important to me, so I would like to offer you a $20 Coles/Myer gift voucher in appreciation of your time.

I would also like to observe some play activities with you and your child at three different times while you are in the Newpin program. This will help me understand how your child interacts with you and how their language skills are developing. I have special activities and toys that I will use to encourage your child to interact with you and to communicate or talk with me. These activities will take about 30 minutes and be video recorded. These videos will be used to help me understand your child's development and I will not be showing them to anyone except my colleagues involved in the Newpin research.

I will also be interviewing Newpin staff about how they run the Newpin program and the total number of days that parents attend the program. I will also ask the staff about how and why the fathers' program is different to the mothers' program. I would like to see if fathers in Newpin as a group (not individuals) have different needs

to mothers (as a group) in Newpin. If it is OK with you, I will ask a Newpin family worker to tell me the total number of days you have been attending the Newpin program, when you started and when you finish your program, and the whether or not you participated in the program while you were there. This information will help me understand whether the amount of time you spent in the Newpin program was useful to you. I will also ask staff about how your child behaves with you and others. This will help me track your child's development over time.

I would like to use a voice recorder to record one part of the interview, just to help me remember what you said. No one else except my supervisors and I will listen to the tapes or watch the videos of activities with your child.

Your privacy is important.

Anything you say during the interviews will be kept in the strictest confidence and no personal information about you will be revealed to anyone else, unless I am legally obligated to disclose. If however, you tell me something that indicates you or your child might be at risk of some harm I will tell a Newpin family worker so they may be able to assist you. I would only do this after discussing the problem with you.

If you are willing to participate in my research you will find a consent form for you and your child on the next page. If you or your children don't want to do any of the activities described above that is OK, you can still participate in the research but you can tell me at anytime what you don't want to do. I would like you to discuss the activities with your child so they understand that the research project is about. It is also OK if you change your mind and decide you don't want to participate in the research anymore. Whether or not you participate in the research will not make any difference to the services you receive at Newpin, everything will continue as normal.

Your Newpin Centre will be told the main findings from the study but no personal information about you will be revealed in the report.

Please place your completed form in the Newpin Study Box provided at your Centre, or you can mail it back to the researcher in the envelope provided. If you have any questions about the research please call Lee Bevitt on 9850 9827.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone [02] 9850 7854, fax [02] 9850 8799, email: ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Sincerely,

Lee Bevitt

Appendix B: Study Participant Consent Form

Participant Consent Form (Newpin parents)

I, _____ have read and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to me and my child or children participating in this research, knowing that I or my children can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name:_____

(Block letters)

Participant's Signature: _____   Date:_____

Investigator's Name:_____

(Block letters)

Investigator's Signature: _____Date:_____

Please enclose this form in the envelope and place it in the locked box in your Centre or return it by post. You will be given a copy of this information statement and form to keep.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone [02] 9850 7854, fax [02] 9850 8799, email: ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Appendix C: Study Participant Questionnaire

Parent Measures

ID Number

1. Name _____

2. What is your date of birth?

					1	9		
Day		Month			Year			

3. What is your gender?
- □ Male
- □ Female
- □ Intersex

4. Date of interview?

					2	0		
Day		Month			Year			

5. What is your address?

_____

_____

Postcode: _____

What is your phone number?

Home: _____

Mobile: _____

6. In which country were you born?

_____ (please write)

7. Are you of Aboriginal or Torres Strait Islander origin?
- □ No
- □ Yes, Aboriginal
- □ Yes, Torres Strait Islander
- □ Yes, both

8. Is English the first language you learned to speak as a child?
- □ Yes
- □ No

9. What language is spoken at home?
- □ English
- □ Mostly English plus another language
- □ Mostly another language plus English

10. Who lives with you? (Select all that apply)
- □ No one, I live alone
- □ Partner/Spouse
- □ Own Children
- □ Someone else's children

□   Parents

□   Other adults

11. What is your present marital status?

□   Never married

□   Married

□   De facto (opposite sex)

□   De facto (same sex)

□   Separated

□   Divorced

□   Widowed

12. For each of the children in your life whom <u>you consider to be YOUR CHILDREN</u>, please provide the following information:

Child	Name	Gender M or F	Date of birth (dd/mm/yyyy)	Relationship to you 1 = born to you 2 = adopted by you 3 = partner's child 4 =fostered child 5 = kinship care	Lives with you Y or N
My Child 1					
My Child 2					
My Child 3					
My Child 4					
My Child 5					
My Child 6					
My Child 7					
My Child 8					
My Child 9					
My Child 10					

13. Do you have any other children living with you?

If so, please provide the following information for each of the children living with you whom <u>you do not consider to be YOURS</u>:

Child	Name	Gender M or F	Date of birth (dd/mm/yyyy)	Relationship to you 1 = born to you 2 = adopted by you 3 = partner's child 4 =fostered child 5 = kinship care	Lives with you Y or N
Other Child 1					
Other Child 2					
Other Child 3					
Other Child 4					
Other Child 5					
Other Child 6					
Other Child 7					

14. What was the highest year of school you completed or are currently attending?
- □ Year 12 or equivalent/Senior secondary
- □ Year 11 or equivalent
- □ Year 10 or equivalent/Junior secondary
- □ Year 9 or equivalent
- □ Year 8 or equivalent
- □ Year 7 or equivalent
- □ Did not attend secondary school but finished primary school
- □ Attended primary school but did not finish

15. Since leaving school have you ever enrolled in a course of study to obtain a trade certificate, diploma, degree or other educational qualification? *(Not including hobby or recreational courses)*
- □ Yes
- □ No

16. What qualifications have you completed, or are you currently enrolled in? (Please tick as many boxes as appropriate):
- □ School certificate
- □ Higher School Certificate
- □ Community College
- □ TAFE/Vocational Education (e.g., trade certificate)
- □ Undergraduate (e.g., Bachelor's degree)
- □ Postgraduate (e.g., Masters Degree)

17. Do you normally do any of the following kinds of work? (Please tick as many boxes as appropriate):
- □ Volunteer/unpaid
- □ No paid work and seeking work
- □ No paid work and not seeking work
- □ Casual or irregular work
- □ Regular Part Time work
- □ Regular Full Time work

18.

We would like to know your main occupation now, *(Mark one only)*

Manager or administrator (eg magistrate, farm manager, general manager, director of nursing, school principal)	□
Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)	□
Associate professional (eg technician, manager, youth worker, police officer)	□
Tradesperson or related worker (eg hairdresser, gardener, florist)	□
Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)	□
Intermediate clerical, sales or service worker (eg typist, word processing, data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)	□
Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)	□
Elementary clerical, sales or service worker (eg filing / mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)	□
Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand)	□
No paid job	□

19. Are you currently unemployed and actively seeking work?
- □ Yes
- □ No

What is the average gross (before tax) income of your household (eg you and your partner, or you and your parents sharing a house)?
*(Mark **one** for **yourself** and **one** for your **household**)*

	a Self	b Household
No income	☐	☐
$1-$119 ($1-$6,239 annually)	☐	☐
$120-$299 ($6,240-$15,999 annually)	☐	☐
$300-$499 ($16,000-$25,999 annually)	☐	☐
$500-$699 ($26,000-$36,999 annually)	☐	☐
$700-$999 ($37,000-$51,999 annually)	☐	☐
$1,000-$1,499 ($52,000-$77,999 annually)	☐	☐
$1,500 or more ($78,000 or more annually)	☐	☐
Don't know	☐	☐
Don't want to answer	☐	☐
live alone (household income is the same as mine)		☐

20.

21. Are you receiving Centrelink benefits?
- ☐ Yes
- ☐ No (If no, go to question 26)

22. If yes, what benefits do you receive? _____

23. In terms of where you are living, which best describes your situation?
- ☐ Renting
- ☐ Department of Housing
- ☐ Own home
- ☐ Living at another person's home
  (Please specify whose home) _____
- ☐ No permanent address

24. In <u>the last 12 months</u> have you had any health issues related to the following?

	No	Rarely	Sometimes	Often
Physical problems (please specify)_____				
Depression				
Episodes of intense anxiety				
Other mental health problems (please specify) _				
Problems with non-prescription or recreational drugs				

25. How often do you usually drink alcohol?
- ☐ *4 or less* days per week (please specify) _____
- ☐ *5 or more* days per week (please specify) _____

26. Have you experienced any of the following events?

Event	Yes, in the last 12 months	Yes, more than 12 months ago	Not Applicable (NA)
Major personal illness			
Major personal injury			
Major surgery			
Birth of a child			
Having a child with a disability or serious illness			
Starting a new, close personal relationship			
Getting married (or starting to live with someone)			
Problem or breakup in a close personal relationship			
Divorce or separation			
Becoming a sole parent			
Increased hassles with parents			
Serious conflict between members of family			
Parents getting divorced, separated or remarried			
Death of a partner or close family member			
Death of a child			
Stillbirth of a child			
Miscarriage			
Death of a close friend			
Difficulty finding a job			
Return to study			
Beginning/resuming work outside the home			
Distressing harassment at work			
Loss of a job			
Partner losing a job			
Decreased income			
Natural disaster or house fire			
Major loss or damage to personal property			
Being robbed			
Involvement in a serious accident			
Being pushed, grabbed, shoved, kicked or hit			
Being forced to take part in unwanted sexual activity			
Legal troubles or involvement in a court case			
Family member/close friend being arrested/in gaol			
None of these events			

27. Are you aware of any past and/or current child at risk notifications for your children?
_____
_____

General Health Questionnaire (GHQ)* (Goldberg & Williams, 1988)

Brief Child Abuse Potential Inventory (BCAPI)* (Ondersma et al., 2005)

Parental Self Efficacy Scale* (Teti & Gelfand, 1991)

Parenting Stress Index Short Form (PSI-SF)* (Abidin, 1995)

Family Support Scale (FSS)* (Dunst et al., 1984)

Child-Parent Relationship Scale * (Pianta, 1994)

Rosenberg Self Esteem Scale

1	2	3	4
Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**

INSTRUCTIONS
Using the scale above, please select the number that best represents how much you agree with what each statement says.

i. On the whole I am satisfied with myself [   ]

ii. At times I think I am no good at all [   ]

iii. I feel I have a number of good qualities [   ]

iv. I am able to do things as well as most other people [   ]

v. I feel I do not have much to be proud of [   ]

vi. I certainly feel useless at times [   ]

vii. I feel I am a person of worth, at least on an equal plane with others [   ]

viii. I wish I could have more respect for myself [   ]

ix. All in all, I am inclined to feel that I am a failure [   ]

x. I take a positive attitude toward myself [   ]

1. What is your child's full name?
First name: _____
Last name: _____

ID Number

2. Is your child male or female?
□ Male
□ Female

3. What was your child's age last birthday? _____

4. Is your child living with you?
□ Yes
□ No (If no, please specify living location):
□ Fostered
□ With other parent
□ Other _____

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Appendix D: Study Participant Father-Specific Questions

Q1 What brought you to Newpin? (e.g. were you referred by someone or did a friend tell you about it?)

Q2 Is your current partner the mother of your child? (who comes with you to Newpin, or your youngest child)
- ❑ Yes
- ❑ No
- ❑ No current partner

Q3 How long have you been (or were you) separated from your child? (if applicable)

Q4 How often do (or did) you see your child? (if applicable)

Q5 Out of 100%, what percentage of the time are you your child's main caregiver?

Q6 Are there any role models who have influenced you as a parent? If so, who are they?

Q7 How involved was your own father in your upbringing?
- ❍ Very involved
- ❍ a little involved
- ❍ not involved at all

Q8 The next 4 questions ask about your experience of violence in your home. You can choose not to answer any of these questions.

	Yes	No	Chose not to answer
Have you ever had a partner or ex-partner push or shove you, or throw things at you?	❍	❍	❍
Have you ever had a partner or ex-partner kick, bite, slap or punch you?	❍	❍	❍
Have you ever had a partner or ex-partner hit you with a hard object or stab you?	❍	❍	❍
Have you ever been charged for hurting a partner or ex-partner?	❍	❍	❍
Were those charges then dropped?	❍	❍	❍

Q9 Pearlin Mastery Scale (Pearlin & Schooler, 1978) (Not reproduced here due to copyright)

Appendix E: Life Story Interview Information Statement

MACQUARIE UNIVERSITY

Newpin Fathers' Information Statement
Life Story Interview

Dear Father/Guardian,

You are already a participant in the Exploring Processes of Change study of the Newpin program. You are invited to take part in one extra interview. The purpose of the interview is to learn more about Newpin members' life stories so that the other research can be placed in the context of people's whole lives.

The study is being conducted by Lee Bevitt, a PhD candidate in the Department of Psychology at Macquarie University (Phone: 9850 9827 or email lee.bevitt@mq.edu.au), under the supervision of Dr Wayne Warburton (wayne.warburton@mq.edu.au), Dr Anne McMaugh (anne.mcmaugh@mq.edu.au) and Dr Kay Bussey (kay.bussey@mq.edu.au).

What is involved?

I would like to hear your life story, or as much of it as you want to share. In particular, I would like to hear about your childhood and your family situation with your partner and children before coming to Newpin.   I would also like to know how your family situation has changed since coming to Newpin. You don't have to tell me anything that you feel is too personal and you can end the interview or take a break at any stage.

 Each interview will take around 1 hour to complete and I will conduct the interviews at the Newpin Centre in a quiet and private place. I would like to use a voice recorder to record the interview, just to help me remember what you said. No one else except my supervisors and I will listen to the tapes.

Your privacy is important.

Anything you say during the interviews will be kept in the strictest confidence and no personal information about you will be revealed to anyone else, unless I am legally obligated to disclose. If, however, you tell me something that suggests you or your child might be at risk of some harm I will tell a Newpin family worker so they may be able to assist you. Your Newpin Centre will be told the main findings from the study but no personal information about you will be revealed in the report.

Your well-being is important.

This interview will cause you to think about things that have happened in your life or your child's life and this could make you feel upset. If you do feel upset after the interview, then you can do one of these things:

- Talk to a Newpin staff member about how you are feeling
- Call the government mental health hotline and chat to someone there. They can also provide information about services in your local area. The number is 1800 650 749 (24 hours, 7 days a week).
- Call Lifeline and chat to a telephone counsellor about how you're feeling. The number is 13 11 14 (24 hours, 7 days a week).

A summary of the results of the PhD study will be available at the Fathers' Newpin Centre.

Participation in this study is entirely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. If you decide to participate please complete the consent form.

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone [02] 9850 7854, fax [02] 9850 8799, email: ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Sincerely,

Lee Bevitt

Appendix F: Life Story Interview Consent Form

MACQUARIE UNIVERSITY

Participant Consent Form (Life Story Interview)

I, _____ have read and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participating in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name:_____

  (Block letters)

Participant's Signature: _____ Date:_____

Investigator's Name:_____

  (Block letters)

Investigator's Signature: _____Date:_____

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone [02] 9850 7854, fax [02] 9850 8799, email: ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Appendix G: Ethics Approvals

MACQUARIE UNIVERSITY   **LEE ZANONI <lee.bevitt@students.mq.edu.au>**

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ethics amendment for 5201100126

Ethics Secretariat <ethics.secretariat@mq.edu.au>   Fri, Sep 30, 2011 at 9:16 AM
To: LEE BEVITT <lee.bevitt@students.mq.edu.au>
Cc: Wayne Warburton <wayne.warburton@mq.edu.au>, Kay Bussey <Kay.bussey@mq.edu.au>,
Anne McMaugh <anne.mcmaugh@mq.edu.au>

Dear Lee

Thank you for your email. The following amendment has been approved:

1. A PhD project will be nested within the ARC funded project and will be conducted by Mrs Lee
Bevitt under the supervision of Dr Wayne Warburton, Dr Anne McMaugh and Dr Kay Bussey.

2. The focus of the PhD project will be on fathers in the parenting program. The Newpin fathers'
program in Bidwill will be the location of the project as well as a fathers' supported playgroup in St
Mary's as a community comparison sample.

3. The following methodological changes will be made:
(a) Interviews with fathers currently in the program: Fathers will complete all the same interview
questions and child measures included in the original application for the Newpin Mothers'
programs, unless the question is female specific. In addition, there will be 47 father-specific
questions included in Time 1 and Time 2 data collection periods.

(b) Instead of conducting a telephone interview between Time 1 and Time 2, a telephone interview
will be conducted 6 months after completing the project.

4. Interviewing fathers who have already left the program: If Newpin still has contact details for
men who have left the program, Mrs Bevitt will ask Newpin staff to post the information and
consent forms to these men.

5. There are questions eliciting information about illegal behaviour and the 3 new intimate partner
violence (IVP) questions are very general so that no individual can be identified or insinuated as a
perpetrator. These questions were reviewed and approved by the program co-ordinator. The
program co-ordinator is also aware that extra support for the fathers from staff might be required.
Before asking the IVP questions, fathers will be told that they can choose not the answer any of
the questions if they make them feel uncomfortable.

6. The addition of Dr Kay Bussey as a supervisor and co-investigator on the project.

Please do not hesitate to contact me if you have any questions.

Kind regards
Fran

Office of the Deputy Vice Chancellor (Research)
 Ethics Secretariat
 Research Office

LEE ZANONI
<lee.bevitt@students.mq.edu.au>

ethics amendment submission

Ethics Secretariat <ethics.secretariat@mq.edu.au>

Tue, Feb 21, 2012 at 2:13 PM

To: LEE BEVITT <lee.bevitt@students.mq.edu.au>

Dear Lee

Further to my email, the following amendment has also been approved:

4. The addition of Mrs Lee Bevitt who will be undertaking a PhD study nested within the ARC funded project.

Kind regards
Fran

On Tue, Feb 21, 2012 at 2:06 PM, Ethics Secretariat <ethics.secretariat@mq.edu.au> wrote:
Dear Lee

Many thanks for your email and clarifications. The following amendment has been approved:

1. Open-ended interviews will be undertaken with fathers who are already participating in the study. Fathers will be invited to discuss their situation in more detail and the interviews will take place at the Newpin centre.

2. Practitioners from various organisations (i.e. any person currently or previously employed to work with fathers needing support) will be invited to take part in a semi-structured interview. The interview will take place in person or over the phone. The interview will ask practitioners to provide their professional opinion and not touch on any personal information.

3. Information and consent forms have been developed for the fathers/guardians and the practitioners.

Please do not hesitate to contact me if you have any questions.

Kind regards
Fran --
Office of the Deputy Vice Chancellor (Research)

Ethics Secretariat

Research Office
Level 3, Research HUB, Building C5C
Macquarie University
NSW 2109

Ph: +61 2 9850 6848
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