Throw-Away Dads? Promoting Healthy Father–Child Attachment in Families Affected by Intimate Partner Violence

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ABSTRACT

Millions of children witness intimate partner violence (IPV) in their homes each year, and large percentages of those children are infants and toddlers. Children often continue to live with or have frequent visits with their fathers following IPV. Social services agencies rarely provide services to target the father–child relationship beyond psychoeducational parenting classes. This article reviews what is known about parenting and father–child attachment for men with histories of IPV, describes how fathers' own early childhood experiences and attachments in their families of origin impact their relationships in adulthood, and describes how interventions could be designed and implemented to improve outcomes for families impacted by violence.

According to the U.S. Census Bureau, one out of three children live without their biological fathers in their homes (Laughlin, 2014). Growing up without a father figure has been linked to a host of psychosocial difficulties, and there is now clear evidence that fathers contribute substantially to the psychosocial development of their children (Lamb, 2004, 2010; Marsiglio, Amato, Day, & Lamb, 2000; McWayne, Downer, Campos, & Harris, 2013). Accessibility of the father, his positive engagement, his supportive involvement, and his warmth and closeness to the child are the critical behavioral dimensions for the father–child relationship that support positive child development (see Biller, 1993; Booth & Crouter, 1998; Lamb, 1997 for reviews). Yet, the majority of programs targeting infants and young children are designed for mothers. Not only are the programs designed for mothers, but fathers are often not included. This is particularly true in the area of interventions for substance abusing and maltreating parents. Social service systems have only begun to acknowledge the status of men as fathers in the conceptualization and delivery of treatment for substance abuse, intimate partner violence (IPV), or child maltreatment. Overall, there has been little research on how men with these issues parent their children; there has been even less focus on the need for interventions for fathers with histories of IPV and substance abuse so that they may have positive and healthy relationships with their children.

It is estimated that nearly 16 million children are witness to violence in their homes each year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006) and 1.1 million parents with children at home initiate substance abuse treatment each year (NCSACW, 2004). These statistics are of particular concern for the field of infant and early childhood mental health because the risk for IPV is high in young couples in the transition to parenthood (Burch & Gallup, 2004; Saltzman, Johnson, Gilbert, & Goodwin, 2003). Large percentages of men with these issues continue to live with or have consistent contact with their young children despite aggression and substance use (Hunter & Graham-Bermann, 2013; Israel & Stover, 2009). Studies have indicated that complete separation from fathers with these issues can result in more negative developmental outcomes (Stover, Van Horn, & Lieberman, 2006; Stover, Van Horn, Turner, Cooper, & Lieberman, 2003; Tarter, Schultz, Kirisci, & Dunn, 2001) in some cases. Mothers of children whose fathers are perpetrators of IPV often report their children are very attached to and have a strong relationship with their fathers (Israel & Stover, 2009). One study found preschool-aged children who had limited or no contact with their previously violent fathers had higher levels of internalizing symptoms on the Child Behavior Checklist (Achenbach & Rescorla, 2000) than children who had frequent (at least weekly) visits. These associations with father contact were consistent even when the study controlled for the level of violence that had taken place (Stover et al., 2003). In addition, better father–child relationships in the context of substance abuse have been associated with higher child adaptive functioning (Brook et al., 2002). These studies suggest a focus on the father–child relationship and how fathers can have consistent and healthy interactions with their children could prove critically important to child outcomes in families struggling with these issues.

It is imperative that professionals better understand the capacities of men with these issues as fathers and how to intervene for the benefit of the entire family. Although some men who perpetrate violence and abuse substances are dangerous and only cause harm to their children, not all cases are the same. Lack of standard assessments and availability of appropriate treatments to address the issues these fathers are struggling with can result in perpetuation of family violence. This article will review the available research on the overall parenting of men with IPV and substance abuse, with a particular focus on the importance of father–child attachment and attunement with their children, and will consider ways that interventions might be implemented for these fathers.

Parenting of Fathers With Histories of IPV

Studies have found that more than 50% of men entering batterer intervention programs due to police involvement as a result of IPV are fathers (Rothman, Mandel, & Silverman, 2007; Salisbury, Henning, & Holdford, 2009). Rothman and colleagues (2007) found that 73% of biological fathers who perpetrated IPV believed that their violence negatively affected their parent–child relationship, and 53% worried about the long-term impact of IPV on their children. In their qualitative study of interparentally violent fathers, Perel and Peled (2008) concluded that most fathers desired more warm, involved, and connected relationships with their children. This is consistent with another study (Litton Fox, Sayers, & Bruce, 2001) which revealed that men experienced a significant amount of shame, guilt, and remorse when thinking about the harm they may have caused their children. In addition, fathers presenting to IPV intervention programs report high levels of parenting stress and less parental competence (Baker, Perilla, & Norris, 2001). The few existing studies of parenting behaviors of fathers with histories of IPV indicated no differences in their involvement or kinds of activities they do with their children, however they exhibit more hostile-aggressive parenting behaviors (Fox & Benson, 2004; Stover, Easton, & McMahon, 2013). Taylor, Guterman, Lee, and Rathouz (2009) found that mothers who were the target of IPV were more likely to confirm hostile and neglectful parenting behavior by the father than were non-abused women. In addition, there is evidence that some men with IPV histories use their children to manipulate their partner and put them in the middle of relationship conflicts with their partners (Bancroft & Silverman, 2002; Stark, 2009).

In the only known study to use observational measures of father–child interactions in families with a history of IPV, higher severity of IPV was associated with greater dyadic constriction with limited emotional expressiveness and enthusiasm, while greater substance use was associated with more discomfort and tension between father and child. Both severity of IPV and substance abuse were significantly associated with child avoidance of parent during play (Stover & Coates, 2014). Coding and observation of these fathers revealed that many were able to play appropriately with some attunement to their children. Some even showed evidence of child-directed play. Others were distant and detached and appeared uncomfortable playing with their children. It is not surprising the children of those fathers tended to play separately

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Attachment theory indicates the importance of parents in a child's development of healthy relationships

from them and made fewer bids to engage with them during the 15 minutes of free play.

IPV history alone raises significant concerns about a father's parenting abilities, but substance abuse and IPV often co-occur with several meta-analyses indicating small to medium effect sizes for IPV in the context of substance use (Foran & O'Leary, 2008; Moore et al., 2008). Studies of men entering both substance abuse treatment and batterers' intervention programs have found approximately 50% of those men have both issues (Easton, Swan, & Sinha, 2000; Schumacher, Fals-Stewart, & Leonard, 2003). A few studies have examined fathers with co-occurring substance abuse and IPV and the impact on parenting. Men with co-occurring substance abuse and IPV self-report more hostile-aggressive parenting behaviors and more negative co-parenting relationships than do comparison fathers without these issues. This association is mediated by the affect regulation and attachment difficulties experienced by fathers with both substance abuse and IPV problems (Stover et al., 2013). These data suggest interventions that target attachment and affect regulation may improve parenting for these fathers.

Attachment and IPV

Insecure attachments are common in men with histories of IPV (Holtzworth-Monroe & Meehan, 2004). Attachment theory indicates the importance of parents in a child's development of healthy relationships: "A young child's experience of an encouraging, supportive, and cooperative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favorable model on which to build future relationships" (Bowlby, 1982, p. 378). Often men who perpetrate IPV had experiences with their own mothers and fathers in childhood that resulted in insecure attachments, with significant associations between childhood maltreatment and exposure to

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Reflective functioning is thought to develop in the context of securely attached parent–infant relationships: The parent is able to recognize and anticipate the child's state of mind and act upon this knowledge to best care for the child.

IPV and later adulthood perpetration of IPV (Stith, Rosen, & Middleton, 2000; Whitfield, Anda, Dube, & Felitti, 2003) Indeed there is evidence that the association of childhood maltreatment to both adult IPV and to poor father–child relationship quality is moderated by insecure attachment characteristics (Whittington & Stover, 2015). Exposure to child maltreatment and IPV alone place a father at risk for IPV perpetration as an adult. This risk is increased when an insecure attachment is present.

Attachment directly impacts relationship functioning and is associated with reflective functioning (RF). RF is the ability to understand others' actions as a function of underlying psychological and emotional states and motivations. It is a skill important to interpersonal functioning (Fonagy, Steele, Steele, Moran, & Higgitt, 1991). RF is thought to develop in the context of securely attached parent–infant relationships: The parent is able to recognize and anticipate the child's state of mind and act upon this knowledge to best care for the child, leading to secure attachment, and passing down the ability to accurately reflect others' states of mind (Fonagy et al., 1991). Fathers who did not develop secure attachments with a caregiver in childhood come to their roles as partners and parents with poor RF capacity.

Applied to parenting, RF is taken to be parents' capacity to understand and take into account the mental states of their children (Slade, 2005). For instance, a father high in RF might acknowledge his child's negative feelings, despite prohibiting a behavior (i.e., "I know you feel sad when you cannot stay at the park, but we really need to go home for lunch."). Theories of parental RF suggest that it can directly affect parenting behavior, because those who are able to envision the internal world of their children may be better able to provide support in the child's regulation of affect and emotional states (Slade, 2005). It is also likely that those with better ability to reflect their child's state of mind may have better capacity to form secure attachments to their children (Slade, 2005). Men with histories of IPV have very limited RF (Stover & Spink, 2012). Examination of Parent Development Interviews (Slade, Aber, Berger, Bresgi, & Kaplan, 2004) conducted with a sample of these fathers suggested they have very limited capacity to describe their own experiences of being parented and their own feelings and experiences as fathers and even less understanding of the feelings and experiences of their children (Stover & Kahn, 2013; Stover & Spink 2012).

JIM'S EXPERIENCE

Jim is a 28–year-old father of a 2-year-old son. He is extremely hostile toward his partner and has been arrested twice for IPV while drinking. He grew up without his biological father, witnessing IPV between his stepfather and mother, experiencing psychological abuse from his stepfather, and living in extreme poverty in a violence-ridden community. When asked to describe his mother, he speaks in broad glowing terms. "She was my father and my mother. She was everything. She was a perfect mother." He is unable to provide specific examples of her "perfect" parenting and is defensive in his descriptions. He vacillates between clinging to the relationship with his child's mother and vehemently condemning her as an addict and poor mother. He describes her in hostile and angry terms. In contrast, he speaks lovingly of his son. He is able to describe how his son needs both his father and his mother and his wish for him to have a better childhood than he had. When asked to describe a time he felt angry as a father, Jim reported a disagreement with his partner about putting socks on his son when they go out. He told the story in an agitated way, pounding the table and raising his voice: "I put up with this [explicative] the whole day. Why doesn't she just put some socks on him? I worry about his health. I worry about him getting freaking sick and dying in the hospital. I don't give a [explicative] where you go. I just want you to freaking put socks on him."

In this quote Jim is talking about extreme concern for his son, but the hostility toward his partner shows he does not recognize the impact of his yelling and hostility toward the mother can have on his son. When asked how his son experienced this argument, he minimized it and indicated his son was not paying any attention. Jim is unable to untangle his feelings or understand their intensity. He has no capacity to reflect on the experience of his partner or alternative reasons she may not put socks on their son. He also was unable to reflect on his son's experience or consider that socks may impact his son less than the yelling he hears from his father. This hostile, rigid thinking was consistent in Jim's stories of arguments about the house and what his partner did with her time during the day. He often reported that his 2-year-old son would have the same feelings he had about a situation (e.g., fury that mom forgot his socks). The poor attachment experiences of Jim as a child, his own experiences of maltreatment and violence, and resulting poor RF are significantly impacting his ability to be a good partner and father to his son.

Father Attachment and Parenting

Fathers' attachment, RF, and attunement to their children are all important to child outcomes. Fathers who are securely attached have less abuse potential, parenting stress, and hostile parenting practices, with greater developmental knowledge and superior parenting self-efficacy (Howard, 2010; McFarland-Piazza, Hazen, Jacobvitz, & Boyd-Soisson, 2012). These benefits of secure father attachment to positive parenting may create more secure father–infant attachments (Brown, McBride, Shin, & Bost, 2007), which in turn are associated with improved childhood outcomes (DeKlyen, Speltz, & Greenberg, 1998; Gaumon & Paquette, 2013; Li, Yin, Cai, & Su, 2012). Fathers' attachment representations have an influence on their parenting and therefore father–child attachments, similar to findings for mothers. Yet, the field has been slow to develop attachment-focused interventions for fathers.

Implications for Policy and Intervention

Although research has indicated fathers with histories of IPV and the often co-occurring substance abuse can be more hostile and aggressive in their parenting and lack RF and attunement to their children, many have a desire to have better father–child relationships and are concerned about their children. Training clinicians to offer appropriate services to these fathers is a critical area of intervention development. Several attachment-focused interventions that have been designed to work with mothers could be adapted for work with fathers (Cicchetti, Rogosch, & Toth, 2006; Lieberman, Van Horn, & Ghosh Ippen, 2005). Of particular importance to this work, however, is the acknowledgment that fathers are not mothers. Adapting an intervention for fathers does not mean simply providing a treatment designed for mothers to father–child dyads. There is evidence that father–child attachment does not develop in the same way as mother–child attachment. Of critical significance is the ways fathers interact with children to develop strong bonds and later outcomes for children that differ from mothers. Quality of infant–father attachment relationship may be more closely associated with fathers' motivational attitude toward fathering and family than it is to their observable sensitivity in interactions with their infants during the first year (Grossmann, Grossmann, Fremmer-Bombik, Kindler, & Scheuerer-Englisch, 2002). It also seems that secure father–child attachments tend to develop a little later during the second year of the child's life (Grossmann et al., 2002; Schaffer & Emerson, 1964). Fathers provide a different kind of care than mothers in many families, and their interactions with their children are different. A greater proportion of fathers' time with their children is spent in active play, pushing the child to try new experiences and expand their boundaries (Grossmann, Grossmann, Kindler, & Zimmermann, 2008). Although different from mothers, this attachment has been shown to support healthy child social–emotional development (Dumont & Paquette, 2013). Interventions to assist fathers, especially those with histories of IPV and substance abuse, must integrate this knowledge into the design and execution of interventions.

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Fathers' attachment, reflective functioning, and attunement to their children are all important to child outcomes.

Programs designed for maltreating mothers that target psychoeducation, cognitive behavioral therapy (CBT) skills and attachment (Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002) have been shown to improve various parenting outcomes for mothers (Van Zeijl et al., 2006) who are struggling with IPV, child maltreatment, and substance abuse. Availability of integrated programs or agencies that can offer a variety of services to fathers with issues of IPV, substance abuse, and poor parenting could significantly improve outcomes for families. Several group programs have been designed for violent or maltreating fathers to focus on either restorative parenting (Mathews, 2010) or a combination of parent education and CBT strategies (Scott & Crooks, 2007). Although not specific to work with fathers of infants and toddlers, a phased approach that involves completion of one of these group programs followed by father–child attachment-focused intervention to build RF and positive father–child relationships may promote the best outcomes for fathers and their families.

One specific intervention has been developed to target the intersection of IPV, substance use, and child maltreatment for fathers. Fathers for Change (Stover, 2013, in press) integrates attachment, family systems, and CBT interventions to target aggression and hostility, affect regulation difficulties, poor co-parenting, and RF to improve outcomes for families impacted

Learn More

Additional resources for working with fathers with histories of interpersonal violence and child maltreatment:

"Something My Father Would Do" video and other resources from Futures without Violence
www.futureswithoutviolence.org/?s=fathers

Caringdads.org

by violence. This is the only individual (not group) treatment approach that has been developed to target these issues for fathers with IPV and substance abuse. It is a phased model that begins with family systems and CBT skill-building sessions with the father and works toward conjoint co-parenting sessions with the mother of his children and ends with father–child sessions to develop positive father–child interactions and increased RF of the father related to his children. It is believed that through increased understanding of his own background and parenting context a father is motivated to engage in CBT, communication, and RF skill-building to improve his affect regulation, co-parenting communication, and understanding of his child. Initial evaluation data indicate Fathers for Change decreases violence and improves father attunement (Stover, in press).

JOSE'S EXPERIENCE

Jose is a 26-year-old father of 2-year-old Isabella. He was referred to Fathers for Change by child protective services (CPS) following an arrest for domestic violence with his wife. The incident escalated to violence after his wife accused him of cheating on her and scratched his face. He grabbed her and pushed her against a wall. Both partners were yelling and accusing each other of infidelity. Police arrived in response to a neighbor's phone call. Due to ongoing concerns from CPS about the couples' use of alcohol and marijuana, previous reports of situational couple violence that occurred in the context of arguments, and the mother's prior history of mental health issues (her children from a prior relationship were in foster care), CPS placed Isabella in a foster home.

The initial assessment with Jose indicated minimal power and control behaviors. The violence occurred in the context of heated arguments in which both members of the couple lacked trust in the other and struggled with attachment difficulties. Jose was raised by his grandparents due to his own parents' drug addiction and inability to care for him. He had no significant mental health history, but reported some symptoms of generalized anxiety. His use of marijuana was infrequent and was used to relieve stress. He had considerable anxiety about meeting the CPS expectations to get his daughter back. Jose was working full time as a security guard and staying with his grandparents. He initially moved in with them after the arrest to abide by a no-contact protective order. The order had since been lifted, but he did not want to resume his relationship with his wife. He had unsupervised visits twice per week with his daughter for 3 hours. During the initial play assessment, Jose was eager to play with his daughter, but his anxious and intrusive attempts to engage her in play activities did not provide space for her to explore the room or engage in any extended play themes. He rushed about the room bringing out new toys and showing them to her and intruding on any play she was trying to initiate. After about 10 minutes she sat on the floor, overwhelmed by all the toys he had presented and just watched Jose as he moved from toy to toy in an animated fashion. It was also noted in the assessment that Jose seemed to enjoy that his daughter would cry and cling to him at the end of visits and interpreted this as validation that his daughter loved him. He made no attempts to help her with these transitions but instead complained to his CPS case worker that his daughter was distraught she was not with him full-time: "See how much she misses me and wants to come home with me?" Jose's wife was not participating in her case plan and therefore CPS was looking at reunifying Isabella with Jose as her primary caretaker.

Initial sessions with Jose explored his own experience growing up via genogram and discussing the meaning of being a father. Jose had unclear ideas about what being a father meant other than "being there and providing." He felt his own childhood was sad, and he wanted desperately to be there in ways his own parents were not. He was motivated to reunify with his daughter and acknowledged his aggressive behavior toward his wife as harmful to Isabella. Review of the videorecorded play assessment with his daughter was eye-opening for Jose. With the help of the clinician he was able to think about how his daughter experienced the time together. They discussed the structure of the visits with his daughter and activities she may enjoy. Now that Jose was sufficiently motivated to work on his problems with aggression and emotion regulation, the clinician spent several sessions working on Cognitive Behavior Therapy (CBT) skills, helping Jose connect his thoughts to his feelings and behaviors, identify his hostile thinking patterns, and use coping strategies to reduce his anxiety and anger.

Given Jose's investment and progress in treatment, his wife was invited to attend several co-parenting sessions. She did not respond to calls from the clinician inviting her to meet with the clinician individually or to come in for co-parenting sessions with Jose. Therefore, the co-parenting communication sessions were implemented individually with Jose. He reported that his communications with his wife were primarily by text message or nasty voicemails. They were often hostile attacks related to their past intimate issues. He felt the relationship was unhealthy and was planning to file for divorce. He wanted to have a relationship as a co-parent with her and worked with the clinician to practice assertive communication and boundaries without aggression. The CBT skills also helped Jose think of alternate ways to interpret his wife's behavior and to have more empathy toward her. He was proud to tell the clinician that he had ignored several hostile texts from his wife and only communicated information about their daughter and the case plan while avoiding hostile interactions about their relationship.

The last phase of the Fathers for Change intervention was comprised of dyadic sessions with his daughter. The sessions were focused on child-directed play and developing a healthy transition into and out of his visits. The clinician prepared Jose for these sessions by encouraging him to think about the visits from Isabella's 2-year-old perspective. This work included providing information about his daughter's developmental level in terms of her cognitive and emotional capacities. Jose

was able to change his approach to the visits by preparing Isabella for the end of the visits by reading a book together that she loved and giving her a brief hug and a transitional object (a stuffed bear that he had bought for her) for her to love and hug and remind her of him until he saw her in 3 days. At first Jose did not think Isabella could understand time or begin to predict his visits. He learned through repetition of this routine that it soothed her and she was able to transition back to the foster mother. He began to take pride in how well these transitions went, understanding that it did not mean his daughter wasn't sad to say good-bye, but instead that she knew she would see him soon and he had taught her how to cope with her intense feelings when saying good-bye to him. Jose's play with his daughter also changed. He was able to sit and watch her play and let her introduce activities. He was embarrassed at first to play with the baby dolls she often chose, but over several sessions he saw how much she enjoyed this play and he was more open to it. His post treatment assessment revealed a significant improvement in his attunement to his daughter and a reduction in intrusiveness. He also had improved co-parenting communication and had no new incidents of violence during treatment.

Conclusion

Further development, evaluation, and dissemination of treatment programs for fathers that promote healthy father–child attachment could have enormous impact on the health and functioning of families at risk for IPV and co-occurring substance abuse. Training clinicians to assess fathers with histories of IPV for appropriateness for such interventions and the availability of phased programing as a father progresses in his treatment goals would be prerequisite steps in meeting the unmet intervention needs of families impacted by IPV. Positive promotion and nationalization of such programs will ensure successful integration into service systems making them available to families in need. Agencies providing intervention for infants and young children who are involved in child protective services could be leaders in the delivery of such services as they have been with interventions for maltreating, violent, and substance abusing mothers.

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