

# Affective awareness in parenting of fathers with co-occurring substance abuse and intimate partner violence

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## Abstract

**Purpose** – Few studies have examined the parenting of fathers with co-occurring substance abuse (SA) and intimate partner violence (IPV) problems. None have specifically interviewed men with these co-occurring issues using qualitative methods about their reflective functioning in relation to their children. This paper aims to provide evidence of the reflective capacity of fathers with co-occurring SA and IPV.

**Design/methodology/approach** – To assess this, men were asked to describe examples of negative emotions they experienced as parents and how they perceived their children responded to those emotions. In total, 40 fathers with co-occurring SA and IPV were interviewed using the Revised Parent Development Interview. Interviews were coded for reflective functioning and for themes that emerged related to angry and guilty feelings these fathers experienced as parents.

**Findings** – Overall, fathers in the sample had a very limited capacity to think about the thoughts and feelings of their children. The desire to spend more time with their child and an inability to provide financially were two common themes. Anger toward the child's mother for not providing adequate care and a focus on shielding the child from his anger were also reported frequently. Fathers did not report feelings of guilt related to their substance use or aggression in their relationships.

**Originality/value** – This paper is one of the first to explore reflective functioning of fathers with co-occurring IPV and SA. These findings are discussed in relation to their implications for intervention with fathers with co-occurring SA and IPV issues.

**Keywords** Intimate partner violence, Substance abuse, Parenting, Fathers, Drug addiction, Domestic violence, Men, United States of America

**Paper type** Research paper

## Introduction and background

Research is replete with literature supporting the importance of father involvement in children's lives (Lamb, 1997, 2004; Marsiglio *et al.*, 2000). However, for fathers who perpetrate intimate partner violence (IPV) or abuse substances, the literature is less clear. IPV is defined as physical, sexual or psychological violence perpetrated by a former or current intimate partner (Golding, 1999). For both men and women, exposure to IPV is associated with an increased risk for mental health problems (i.e., serious depression and mental health disability) and substance abuse (SA) (Carbone-López *et al.*, 2006). Furthermore, it has been suggested that people with severe psychiatric disorders may be particularly vulnerable to becoming a victim of domestic violence (Howard *et al.*, 2010)? Although the correspondence between adult mental disorders and violence is relatively low (Services U.D.O.H.A.H., 2001), those with co-occurring substance use and severe mental illness have the highest risk for violence (Swanson *et al.*, 1994; Fazel *et al.*, 2009). Additionally, evidence suggests there is a high co-occurrence of IPV and SA with approximately half of men entering SA treatment also having issues with IPV (Easton *et al.*, 2000; Foran and O'Leary, 2008).

Research indicates the negative impact of exposure to IPV (Wolfe *et al.*, 2003) and SA also extends to children (Johnson and Leff, 1999). The overlap of IPV and child maltreatment

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is approximately 50 per cent (Edleson, 2001). The potentially toxic trio of parental mental illness, SA and IPV has been shown to negatively affect a child's wellbeing and safety (Cleaver *et al.*, 2007). These risks for negative outcomes raise considerable concerns about the parenting of men with co-occurring IPV and SA. Yet, interventions for men who perpetrate IPV or abuse substances rarely consider fatherhood or address the parenting of these men as part of their treatment approach (Stover *et al.*, 2009, 2011).

A few studies have examined the parenting behaviors of fathers who perpetrate IPV and found fathers with these issues to have more hostile-aggressive parenting behavior (Fox and Benson, 2004; Baker *et al.*, 2001). Still, there is some evidence less contact with previously violent fathers can result in more internalizing symptoms such as depression and anxiety in preschool aged children (Stover *et al.*, 2003) and more negative representations of mothers in play (Stover *et al.*, 2006). These findings indicate a need to better understand the parenting of fathers with co-occurring IPV and SA to provide the most effective interventions that will improve outcomes for children.

Minimal research has explored how men with histories of IPV manage their emotions as fathers. The present study is the first to our knowledge to focus specifically on fathers with co-occurring IPV and SA and explore how they handle emotions in their role as a parent through the use of a semi-structured interview. This is particularly important given fathers with SA and IPV have significant difficulties with affect regulation (Bonn-Miller *et al.*, 2008; Dorard *et al.*, 2008; Perry and Carroll, 2008; Easton *et al.*, 2008). Their capacity to reflect on their own feelings and how they might affect their children could have significant implications for intervention efforts with this population.

### Parenting of men with IPV and/or SA

Studies that examined parenting of fathers with histories of SA have found they are more likely to perceive failures and guilt associated with social requirements of fathering such as difficulties providing financial support (McMahon *et al.*, 2001). Fathers who used substances were less involved in their children's lives and, therefore, experience more psychological distress (McMahon and Rounsaville, 2002). Multiple studies have found fathers with a history of alcohol and drug abuse to have poorer father-child communication, greater risk for physical abuse, more parenting stress (Blackson *et al.*, 1999; Moss *et al.*, 2002), more problematic disciplinary practices and less monitoring of their children (Fals-Stewart *et al.*, 2004). Importantly, there is some evidence that mental health symptoms such as depression and posttraumatic stress disorder (PTSD) mediate the association between SA and negative parenting behaviors of fathers (Stover *et al.*, 2012a, b).

Little research has focused on the parenting of men who perpetrate IPV. Fathers referred for intervention for IPV reported high parenting stress and low parental competence (Baker *et al.*, 2001) but also expressed concerns about the impact of their violence on their children (Rothman *et al.*, 2007). When compared to non-aggressive fathers, Fox and Benson (2004) found fathers who perpetrate IPV to have more hostile-aggressive parenting behavior. However, no differences were found in time spent or types of activities shared with children. Few studies have examined the impact of both SA and IPV on parenting of fathers. In a sample of fathers from low-socioeconomic backgrounds in an urban inner city, IPV (but not drug abuse) was associated with higher rates of hostile-aggressive parenting (Stover and McMahon, 2010). Another study revealed that men with co-occurring IPV and SA had significantly higher hostile-aggressive parenting and poorer co-parenting relationships than fathers without these co-occurring issues. Importantly, these differences were mediated by difficulties with affect regulation and avoidant attachment behaviors (e.g. discomfort when a romantic partner wants to be very close; preferring not to share feelings with partners; keeping partners at an emotional distance; Stover *et al.*, 2011).

### Emotion regulation in men with histories of IPV and SA

One of the factors that may impact parenting behaviors of fathers who have histories of IPV and SA is their capacity for affect regulation. Aggression has been reported to be due

to difficulty in regulating negative affect (Finkel, 2007) and poor response inhibition (Hoeksma *et al.*, 2004). Studies of both men who perpetrate IPV (Norlander and Eckhardt, 2005; McNulty and Hellmuth, 2008) and those with drug abuse problems (Handelsman *et al.*, 2000) revealed heightened levels of negative affect such as anger and hostility. Alexithymia, characterized by the inability to identify and express feelings or emotions, is common in individuals who abuse substances (Cecero and Holmstrom, 1997) and is highly correlated with anger and hostility. Furthermore, alcohol impairs the cognitive processes involved in refraining from aggressive acts (Fals-Stewart, 2003). Compared to days of no drinking, male perpetrators of IPV were 18 times more likely to engage in physical violence with their partners on days of heavy drinking episodes. More than 60 per cent of aggressive episodes took place within two hours of drinking and over 80 per cent within four hours. Negative affect (i.e., anger) and negative arousal of perpetrators have also been hypothesized to hinder processes involved in problem solving (Smith Slep and O'Leary, 2001). This dysregulation of cognitions, emotions and behavior may ultimately lead to coercive and aggressive parenting strategies in men with co-occurring SA and IPV.

Fathers with histories of IPV and SA also have compromised empathic responses. Compared to non-abusive men, men who perpetrated IPV lack empathic accuracy (ability to interpret another's feelings and thoughts correctly) for their partners but not for strangers (Clements *et al.*, 2007). There is evidence that this lack of empathy is also present in their responses to their children through distorted and negative perceptions of their children's emotional states (Francis and Wolfe, 2008). These studies suggest that the parenting of fathers with histories of IPV may be compromised by problems with affect regulation or capacity to understand the experiences and emotions of their children. Such difficulties may be further hindered by use of substances or alcohol.

The aim of this study was to explore how fathers with co-occurring IPV and SA talk about their feelings of anger and guilt as a parent, how they describe dealing with these feelings, and how their feelings might impact upon their children. Given the literature suggesting these fathers may over interpret negative intention in their environments and are prone to negative emotions, how they describe these experiences in the context of parenting can provide important information about their capacities and understanding of their own actions. This may reveal areas for intervention target within IPV and SA treatment for fathers.

## Methods

### *Sample and procedure*

The present study comprises a sub-sample of fathers who participated in the Yale Comparative Study on Fathering (CSF), designed to examine differences in parenting of men with histories of IPV, SA and controls (Stover *et al.*, 2011). Fathers were recruited into the Yale CSF by flyers posted in the Substance Abuse Treatment Unit of the Yale Department of Psychiatry, Court Support Services Division, Family Violence Education Groups, unemployment offices, preschools, pediatric clinics and community agencies within the greater New Haven, Connecticut area. Men were screened by phone for eligibility (biological father of a child between two and six years of age) and then met in person for a single two-hour session with trained research assistants to complete informed consent and study measures. The focus was on collection of data regarding their oldest child aged two through six years. Participants were paid \$50 for their time and the study was approved by the Yale University School of Medicine Human Investigations Committee.

This dataset of 115 participants was then searched for men who met the following criteria, (based on data collected as part of the CSF interview):

- current Diagnostic Statistical Manual Forth Edition criteria for SA of alcohol, cocaine, or marijuana and who have used that substance within the 30 days based self-report;
- reported physical violence in an intimate relationship (e.g., pushing, slapping, kicking) within the last 12 months; and

- had at least one child aged two to six years with whom they lived or had visitation more than once per month.

This resulted in a sample of 40 fathers for inclusion. Fifteen per cent of the men were Caucasian, 60 per cent African American, 15 per cent Hispanic and 10 per cent other or multiethnic (see Table I for general demographic characteristics). Approximately 33 per cent of the men had been legally married at some point while roughly 48 per cent of the fathers were living in the same household as their child. In terms of substance use, 48 per cent of men reported alcohol as their primary drug of choice, 27.6 per cent reported marijuana, 6.3 per cent cocaine and 3.2 per cent phencyclidine, heroin or polysubstance use. In terms of IPV, men indicated generally mild physical (e.g., pushing, shoving, grabbing), but more moderate psychological violence on the Conflict Tactics Scale Revised (CTS2; Straus *et al.*, 1996). The CTS2 is a commonly used measure to assess physical, sexual and psychological violence perpetrated toward an intimate partner in the last 12 months and was one of the measures administered as part of the CSF study.

### Measures

All the fathers in the CFS were asked about their reflections of child-rearing and of their relationships with their children using the Parent Development Interview-Revised (PDI-R; Slade *et al.*, 2003). This 23-item semi-structured interview is designed to extract parents' internal working models of relationships. The responses to two specific questions were of interest for the purpose of the additional analyses conducted for this study:

1. Have you ever felt really angry as a father?
2. Have you ever felt really guilty as a father?

For each question, interviewees were asked to provide a specific example of when they felt angry or guilty as a father. When responses did not include sufficient detail, probes were employed such as, "How did this make you feel?" and "How do you think [child] felt?"

All the PDIs were audio taped and transcribed verbatim and a reliable PDI coder coded each interview for reflective functioning (RF). RF is the ability to see your child as a separate, autonomous individual with their own mind. This results in appropriately attributing thoughts, feelings, intentionality and desires to the child, as well as recognizing your own thoughts, feelings, intentions and desires (Fonagy *et al.*, 1991). RF is coded on an 11-point scale, ranging from - 1 (negative RF) to 9 (full or exceptional RF). Optimal scores of RF are achieved by reflecting on experiences while providing insight into personal thoughts and feelings and recognitions of their children's feelings (Slade *et al.*, 2010). Higher scores indicate a greater use of reflective thinking, essentially illustrating fathers' abilities to understand the emotions of their children, reflect on their children's experiences, in addition to acknowledging their own. To become a reliable RF coder of the PDI-R, individuals attend a two-day training course and code a set of 20 practice PDIs. The trainee's codes must be

**Table I** Sample profile

Variable	Mean	SD	Min	Max
Age	33.78	9.40	20	60
Years education	12.08	1.40	8	16
Number of children	2.5	1.92	1	10
Number of different mothers for children	2.0	0.92	1	5
Target child age	3.34	1.22	2	6
physical IPV <sup>a</sup>	9.32	11.32	1	46
Psychological IPV <sup>b</sup>	51.42	37.21	6	183

**Notes:** <sup>a</sup>Physical IPV includes pushing, hitting, slapping, grabbing behavior; <sup>b</sup>Psychological IPV includes name calling, yelling/screaming, put downs and other spiteful behavior; IPV – intimate partner violence

consistent with the developers of the PDI. Inter-rater reliability of RF scoring was established for the individual coder in this study wherein successive levels of agreement to the expert coders reached acceptable values ( $r > 0.80$ ).

### *Analytic strategy*

The RF scores obtained by the fathers were summarized. Our qualitative approach to the content of the anger and guilt questions of the PDI was based on a grounded theory approach (Glaser and Strauss, 1967; Patton, 1990). Transcripts were reviewed and general themes coded. We looked for common themes and variations across the set of respondents. When the final list of themes was developed, the interviews were reviewed for a second time to determine the frequency of the acquired themes by two separate raters. Reliability of themes identified was at 0.80 or above. Themes were compiled with supporting quotes to illustrate the fathers overall view of emotions associated with parenting.

## **Results**

### *Reflective functioning*

Overall RF of fathers in the sample was quite low with 77.5 per cent (31/40) exhibiting a score of 3 or below, which is "Questionable" or "Low" RF. These scores suggest fathers have an extremely limited understanding or ability to think about the emotional state of their children. 10 per cent (4/40) of fathers acquired a score of 4, wherein the remaining 12.5 per cent (5/40) obtained a score of 5, indicating the use of only one instance of RF per question.

In response to the question of whether they have ever felt angry as a parent, 72.5 per cent (29/40) of fathers obtained an RF score less than 5, 20 per cent (8/40) exhibited a score of 5, and only 7.5 per cent (3/40) displayed scores above 5 but no higher than 7. Similarly, RF codes for the question of whether they ever felt guilty as a father revealed 72.5 per cent (29/40) of fathers scored below a 5 on the RF scale indicating limited or low reflective capacity. Twenty-five per cent (10/40) of fathers scored a 5, providing at least one explicit use of reflective language.

### *Anger*

When asked if they ever felt angry as a father, 60 per cent (24/40) of the fathers were able to acknowledge the existence of angry feelings, when first asked. Of the 40 per cent (16/40) who initially denied angry feelings related to parenting, with some further probing by interviewers, an additional 32.5 per cent (13/40) provided an example of when they felt angry as a father. When asked to give examples of times they felt angry, three themes emerged from the set of 40 interviews:

1. directing anger at someone other than the child but the anger was child-related;
2. financial issues; and
3. shielding the child from his anger.

With regard to the first theme, 45 per cent (18/40) gave examples of times they were angry at someone other than the child, where the child's mother was the target in all but one instance.

For example, one father said:

... it was cold outside, I got mad because she didn't put a jacket on him ... she told me she was goin' like around the corner but it was, it was already gettin' cold he gonna get sick, so I got mad at her and I got mad at myself 'cause I'm like I should'a effin' went and I shoulda did this, this, and that- what the f--! And just, you know, like he could get sick ... And she takes the baby, but she doesn't like think it over and I get mad at her because you gotta be a better parent, man he could get sick.

Thirty-five per cent (14/40) of fathers mentioned financial issues that relate to their anger. For example one father said, "Only like – like the only time I get angry was like just the

money aspect. That's the only thing I get angry about . . . Its just knowing that I won't – I mean, he won't be able to have the Christmas that he deserves." One father said, "I'm not able to get a job, and being able to help him out the way I should even though he don't lack anything you know she's taking care of him you know I feel like I could do more."

Thirty-three per cent (13/40) of fathers mentioned shielding their children from their angry feelings. For example, fathers said: "Um, they didn't affect her really 'cause I – I try not to let it show. I kept it inside. I kept it away from her . . .;" and "I try not to show them when I'm wit' him. But, um, I mean I try my best not to show them." An additional 33 per cent (13/40) did acknowledge their anger can get out of control. For example, fathers said: "Um, it all depends on, um, if I go overboard or not, you know, yelling, you know. I have a real deep voice and sometimes I might get carried away and I might yell at her," or ". . . but like I said, anything can just, the slightest little thing can just tick me off and I'm bomb boom and I just go crazy, you know what I mean?"

Only 25 per cent (10/40) of participants included any mention of the child being adversely affected (i.e., feeling sad, hurt, confused, scared or upset) in relation to his expression of anger. Such as: "How do I think my angry feelings affected him? Probably made him scared yeah that's, yeah that's the perfect word, scared." Twenty per cent (8/40) of the fathers mentioned they would leave the scene of where their anger originated. For example, "I step out of the room or leave if I'm angry to the point of yelling or anything like that."

Although not as prevalent as the above themes, it is noteworthy that 17.5 per cent (7/40) of participants reported that their feelings of anger were related to not being there for his child (e.g., live separately and father cannot live with child full time) and 15 per cent (6/40) acknowledged feelings of guilt regarding their anger.

### *Guilt*

Of the 40 participants, 65 per cent (26/40) initially admitted to ever feeling guilty as a father. When asked to provide an example of a time they felt guilty as a father, out of the 35 per cent (14/40) who initially denied feelings of guilt in relation to parenting, only 7.5 per cent (3/40) later provided an example of feeling guilty whereas the remaining 27.5 per cent (11/40) denied any guilty feelings as a parent.

There were two common themes that emerged from the responses fathers provided:

1. feeling guilty about not being there for his child (e.g. previously or presently physically unavailable or absent from the child's life); and
2. feelings of guilt that relate to financial circumstances.

Thirty per cent (12/40) of fathers felt guilty about not being there for their child. For example, fathers said, "Anytime I feel guilty that is not when I'm around him," "Not being there for him, you know," and "Um, I – when I'm not in their lives like constantly, yeah I feel guilty about being a father because I don't – I feel I can't express, they can't know me all the way around I guess, 365, you know."

Twenty-eight per cent (11/40) of fathers referenced inadequate finances as the base of their guilty feelings. For example, fathers said, "Um, guilty that I can't provide more and do more," "Um, somewhat, like I said that goes back to bein' able to, not bein' able to, not bein' able to provide like I want to," and "Not being there for him, you know. Not being able to provide the things that I want to provide for, not paying for the things I want to do for him."

Additionally, 20 per cent (8/40) of fathers tried to shield their guilty feelings from their child. For example, fathers said, "Um, I try to keep real negative things away from her, so like if I'm frustrated, stressed, whatever, I try to stay-just keep those away, leave 'em at the door, whatever the case may be."

Despite all fathers in the sample having a recent history of SA and IPV, only 5 per cent (2/40) of fathers attributed their guilt to issues related to their substance use. Fathers said,

“Um, I think about six months ago I had got high off of drugs and came home and she was wondering where I was at, was I at work, what took me so long to get home? That made me feel guilty about it,” as well as “Um, [I didn’t feel guilty about] anything other than the substance abuse.” No fathers revealed guilty feelings pertaining to conflict or aggression toward the child’s mother. Less prevalent but noteworthy themes were: guilt related to a lack of education or (12.5 per cent; 5/40) and guilt about punishing his child (10 per cent; 4/40).

## Discussion

Results of this exploratory, qualitative study reveal the very limited capacity of fathers with co-occurring IPV and SA to talk about their negative feelings or to think about the impact of those feelings on their children. While most fathers were able to identify angry feelings as a father, they often were unable to discuss direct anger toward their children. They often focused on angry feelings toward others, especially the mothers of their children. This was the most common response given, when asked to describe a time they were angry as a father. This is not surprising given their histories of IPV, but also suggests that aggression and violence may arise around parenting issues. Although misguided, fathers may feel they are protecting or parenting their children by intervening with what they perceive is faulty parenting by the mother of their child. Out of misguided worry or fear for their children’s wellbeing, they attack and criticize the mothers of their children. This suggests focusing on the impact of verbal aggression and conflict on children may be particularly important. If fathers are attempting to protect their children, their understanding of the potential damage of this behavior may be a salient motivator for them to change. Intervention approaches that incorporate co-parenting and an emphasis on helping fathers recognize the difference between the intimate relationship and the co-parenting relationship may have significant benefit for fathers with difficulties with IPV and SA. There is some emerging evidence that a focus on co-parenting communication can prevent IPV and help families most at risk for aggression (Feinberg, 2003; Kan and Feinberg, 2010; Cowan and Cowan, 2005; Cowan *et al.*, 2007).

Thirty per cent of fathers mentioned shielding their child from their negative feelings. Fathers were especially concerned about the impact of their anger on their children. This indicates that at least a subset of these men is concerned with how their children are affected by their anger, which could facilitate motivation to change their aggressive behavior toward the mother. These findings are consistent with some quantitative studies of men entering batterer intervention programs (Rothman *et al.*, 2007) and another qualitative study that found some fathers were very concerned about the impact of their behavior on their children (Fox and Benson, 2004). Interventions that focus on the impact of psychological and physical aggression on children may increase a father’s investment in improving his affect regulation and anger management skills (Stover, 2011).

Another important theme that emerged for fathers was their feelings of guilt related to their inability to be strong providers for their children. These findings are consistent with other research indicating fathers with histories of SA are more likely to feel guilt associated with difficulties providing financial support (McMahon *et al.*, 2001) and of other family studies that report the parenting quality of fathers is impacted by financial strain (Leinonen, 2002). Financial strain has been shown to be particularly relevant for fathers and impacts the cascade from marital conflict to negative parenting to child behavior problems (Stover *et al.*, 2012c). Moreover, the parent-child relationship among socio-economically disadvantaged fathers has been reported to diminish (as cited in McLoyd, 1990). The burden felt by fathers during periods of newly emergent financial and occupational losses is linked to increased anxiety, social dysfunction and spousal reports of hostile partner interactions. Failure to provide economically is also positively correlated with a change in fathers’ parenting styles to less involved and more punitive (Leinonen, 2002). Financial strain and stress can also increase use of substances as a means to cope with guilty feelings which can contribute to declines in parenting. Thus, fathers with a history of IPV who are facing difficulty with financial and vocational issues might benefit from intervention that would help them develop a broader understanding of their roles as fathers and the positive impact they can have

on their children's development beyond financial support. This may help reduce their feelings of guilt and improve their family interactions as a whole.

Interestingly, and of concern, was the lack of discussion regarding feelings of guilt connected with substance use and aggression, especially in this group of fathers with self-reported histories of co-occurring IPV and SA. Only 5 per cent (2/40) of fathers mentioned their substance use and none raised the issue of aggression in their relationship with the child's mother. Such findings indicate a significant need to focus intervention efforts on addressing these problems and acknowledging the profound impact these behaviors have on children. This is often a component of group intervention for men who perpetrate IPV, as well as, in treatment programs for SA.

The findings also highlight the need to emphasize reflective capacity in parenting interventions for fathers with co-occurring IPV and SA. This type of approach has been effective with mothers struggling with substance use issues and aggression (Slade *et al.*, 2005; Suchman *et al.*, 2008; Toth *et al.*, 2002). Fathers in this sample clearly lacked reflective skills indicating an inability to not only discuss their own emotions and thoughts, but also a limited and often non-existent capacity to think about the emotional experiences of their children. Father-child treatment approaches have not been implemented broadly or evaluated, but they could have significant benefit for fathers with aggression and SA problems (Stover, 2011; McMahon, 2009). Increasing fathers' abilities to understand their children's thoughts and feelings could have substantial impact on their parenting ability.

### Limitations

This is the first exploratory study to examine the RF of fathers with co-occurring IPV and SA, but there are some notable limitations. The study was conducted with a small sample of fathers in one mid-sized inner city in the North Eastern United States. Fathers were abusing substances but were not necessarily substance dependent and reported mild to moderate IPV. A larger sample with a broader range of SA and IPV severity might yield very different results. Given the small sample, the themes that emerge and level of RF must be interpreted with caution and cannot be generalized to the broad population of fathers with co-occurring IPV and SA. Additional research studies that compare RF for fathers with SA, IPV, and other psychiatric conditions to fathers without these issues would be important to understand the RF of fathers. Larger scale studies examining factors that contribute to poor RF in fathers would provide more specific guidelines for intervention. For example, given the high co-morbidity of SA and psychiatric symptoms, it may be that depression or other psychiatric symptoms are important intervention targets to improve RF. There is some evidence that depression and PTSD mediate the relationship between SA and negative parenting behaviors (Stover *et al.*, 2012b, c), which may also be true for RF.

### Conclusions

Results of this exploratory study of the reflective capacity of fathers with co-occurring IPV and SA highlight the limited skills of this sample of men to describe and understand their own negative emotions and their children's responses to such emotions. Most have a very restricted ability to describe their emotions as a father, with some denying negative emotions altogether. Yet, fathers were concerned about their children and provided many examples of ways they wanted to protect and provide for their children. Lack of ability to financially provide was of the utmost concern to them. Assisting fathers to recognize the other important ways they contribute to their children's wellbeing and development, aside from monetary support, could reduce feelings of guilt while ultimately reducing substance use and aggressive behaviors. Additionally, interventions that focus on increasing the reflective capacity of fathers to think about their own emotions and those of their children could be beneficial for families impacted by violence and SA.



### Implications for practice

Results support implementation of four areas of focus in interventions for fathers with co-occurring IPV and SA issues:

1. The importance of the co-parenting relationship and skills to improve positive co-parenting regardless of the status of the romantic or intimate relationship.
2. The negative impact of witnessing aggression (both verbal and physical) and SA on children.
3. Providing education about the importance of father involvement in child development and ways fathers can contribute to their children's wellbeing beyond monetary contributions.
4. Teaching RF skills to assist fathers in understanding their own thoughts and feelings and those of their children.

Implementation of these approaches will require changes in policies for interventions mandated by courts for perpetrators of IPV and by SA treatment programs. Inclusion of partners, co-parents and children is not currently a part of most interventions for men with these co-occurring conditions. Such practices could have significant benefit for families struggling with these issues; therefore, there is an urgent need to implement and evaluate such strategies.

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