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Fathering programs in the context of domestic and family violence

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Summary

This paper examines how men's behaviour change programs, domestic and family violence specific fathering programs, and Aboriginal men's healing programs address fathering issues for men who use violence. It presents findings from a scoping review of Australian and international literature to highlight similarities, differences and gaps in programs and explores how these programs could be more inclusive of fathering in the context of domestic and family violence.

Key messages

- For many men who use violence and abuse, it is recognised that becoming a better father is a motivation for change.
- Programs for men who use violence and abuse in their families need to reflect fathering issues and behaviour change needs.
- There are opportunities to include more content about fathering and child development in the design of programs that are specifically for fathers who have used violence.
- The perspectives and expectations of women and children about behaviour change outcomes they wish to see requires input in the design of programs to ensure their measures of success are recognised.
- There is a need for improved evaluation of programs to better understand outcomes and what works.

Introduction

Prevalence data on domestic and family violence (DFV) consistently show that male violence against women is the dominant pattern of violence (Cox, 2015); particularly when the severity of violence, domestic homicide data, extent of fear, and chronic patterns of violence are examined (Cox, 2015; Walby & Allen, 2004). In situations of male-perpetrated DFV, children are part of the household in the majority of circumstances.

The detrimental impact of DFV on children has been well established (Kimball, 2016; Kitzmann Gaylord, Holt, & Kenny, 2003; McTavish, MacGregor, Wathen, & MacMillan, 2016). Decades of research show that the behavioural, cognitive and emotional development of children is negatively affected by living with DFV (Holt, Buckley, & Whelan, 2008). The long-term outcomes for their health (Rivara et al., 2007a; Rivara et al., 2007b) and their education attainment (Lloyd, 2018) are lower when compared to children who are not known to be living with DFV.

Children living with DFV were historically described as being 'witnesses' or 'secondary victims' (Richards, 2011). However, it is now argued that such descriptions inadvertently presented the children as passive or lacking agency and tended to focus on incidents of violence and abuse, and not the ongoing control and coercion conditions under which the children were living with a violent father/male caregiver. Therefore, children are now considered direct victims of DFV because as Humphreys (2007, p. 12) explains, 'describing this range of violent experiences as 'witnessing' fails to capture the extent to which children may become embroiled in domestic violence'. Understanding that children are direct victims of DFV is also important in the post-separation context because it draws attention to the safety and suitability of perpetrators to be fathers involved in their children's lives (Heward-Belle, 2016).

While the evidence about the harm to children from DFV is clear, the inter-related issue of the capacity of men who use violence to parent and co-parent effectively is an area that requires interrogation. This has been given less attention than the violence towards their partners and ex-partners. Within the family law context, in particular, there has been a notion that men can be poor partners (i.e. engage in violence and abuse of their partners) but still be able and entitled to parent their children. This is demonstrated, for example, by the extent of unsupervised child contact provided to men who have used violence (Humphreys et al., 2019). The evidence shows high levels of direct physical and sexual abuse of children by men who are violent and abusive towards their partners and ex-partners (Humphreys, Healey, & Mandel, 2018; Kimball, 2016). It also shows that increased severity of abuse of the woman is related to an increased risk and danger to children (Jaffe, Campbell, Olszowy, & Hamilton, 2014; Ross, 1996).

Evidence indicates that DFV perpetrators have poor parenting skills due to their lack of parenting experience, over-controlling behaviour, sense of entitlement and lack of empathy towards others (Bancroft & Silverman, 2002; Harne, 2011; Heward-Belle, 2016). They also tend to over-use smacking compared with men who do not use violence towards their partners and have a poor understanding of child development as well as inappropriate expectations of their children (Fox & Benson, 2004). These fathering practices are particularly concerning when the mother separates from the violent father because he is then likely to have periods of sole care and control of children.

Co-parenting arrangements where both parties share the parenting and reside with their children are common. Co-parenting requires parents to be able to work flexibly, respectfully and share decision making without major conflict. Research indicates that DFV perpetrators' ability to co-parent is limited compared with separated men who co-parent and are not known to use DFV (Thompson-Walsh, Scott, Dyson, & Lishak, 2018).

The effects of DFV on children and the poor parenting capacity of fathers who use violence, combined with an understanding of the gendered nature of DFV, establishes that men's fathering in the context of DFV needs to be addressed. This is an important area of future intervention as many children who have lived with their father's violence will continue to have some form of relationship with him. Perpetrators are also likely to be a father or carer of other children in the future (Humphreys et al., 2019).

The focus in relation to men's violence has been on stopping violence towards current or former partners. There is an assumed 'trickle down' effect that if the woman is safer, the children she cares for will be safer and she can better parent. However, such an assumption does not include the common reality that following separation from a violent partner, he is likely to have future contact and/or residency with the children. This can be unsafe for the children and a means by which he can further control his ex-partner, the children's mother (Heward-Belle, 2016; Laing, 2017). Men's interaction with children is also important because when men enter new relationships, they are likely to reside and have contact with their next partner's children (Heward-Belle, 2016).

Domestic violence research and practice has been focused on women's and children's safety, most often at the stages of crisis and early separation. Longer-term issues about how men are fathering during the relationship

and after separation have received less attention. Although there is research on fathering after separation, it is not directed at those who have perpetrated DFV (see e.g. Nielsen, 2013) or Aboriginal men attending healing programs (Andrews et al., 2018; Gallant et al., 2017).

Specific interventions for fathers who engage in DFV have received far less attention in both practice and research. Most interventions to date have primarily focused on DFV perpetrators' use of violence against their female partners, referred to as men's behaviour change (MBC) programs in Australia (Featherstone & Fraser, 2012). To some degree, this is a result of the trend towards MBC programs as part of the justice system's DFV response, where the focus remains on the absence of re-offending against the adult victim as a key measure of success.

Traditionally, the primary focus of fathering programs for men who use violence has been on outcomes for men and their partners or ex-partners; and children were presented as a motivation for change. However, this has not translated into children's experiences of their father's violence informing program content. There has been limited focus on the voices of children as victims and their experiences have not been critical to developing program content and determining outcome measures. Therefore, although the primary goal of men's behaviour change programs/domestic violence perpetrator programs has been to increase the safety of women and children, this has not always been a key goal or consideration in fathering programs. These programs have tended to focus on understanding and influencing the behaviour of the children. To address DFV perpetration, the content of fathering programs for men who perpetrate violence has to centre on victim–survivor safety and address men's accountability to be fathering responsibly and safely.

This paper presents findings from a scoping review on three main types of programs for fathers who perpetrate violence.[1] The paper will first describe different program types and outline the scope of the review and the method used to identify relevant literature. It will then turn to a review of MBC programs, fathering programs for men who use violence, and Aboriginal men's healing programs. Key findings are presented, prior to consideration of some of the evaluation issues that affect the way practitioners and their managers can address the problems of gathering outcome evidence in this contentious area.

Programs for perpetrators of domestic and family violence

Men's behaviour change programs

Men's behaviour change (MBC) programs are delivered by government and non-government organisations in the human services and justice systems. Some men will be fathers and others will not. This potentially creates difficulties in planning for specific content about fathering and may lead to fathers in the program ignoring the way their behaviour affects their children. There is not a unitary MBC program and, in Australia, the pathways through which perpetrators are referred to the programs vary. Men may be referred by courts as a diversionary mechanism from the criminal justice system, as bail conditions or as part of the sentencing when found guilty of a criminal charge. Child protection agencies may also refer men to the programs as part of child safety responses. There are also MBC programs available to men that are delivered by non-government organisations that men can opt to attend. Intervention lengths and dosage also differ across MBC programs.

In Australia, MBC program delivery is largely the responsibility of each state and territory, further adding to the variations in pathways, program length and program content. These will be discussed further later in the paper.

Fathering programs for men who use violence

Programs have been developed that specifically target DFV perpetrators' fathering of children. The difficulties of attending to fathering issues in MBC programs has led to the relatively recent development of these programs in Australia and internationally (Diemer et al., 2020; Labarre, Bourassa, Holden, Turcotte, & Letourneau, 2016). The development of these group-work programs has run parallel to workforce and organisational capacity building of individual practitioners from child protection and family services to increase their skills in working with fathers who use violence (Humphreys & Campo, 2017; Humphreys et al., 2018). These programs are voluntary, rather than mandated, and are run by government and non-government agencies. They are a smaller but growing program type. In some instances, they are delivered following an MBC program and in other instances may be delivered to men who have not previously attended an MBC program.

1 This categorisation is intended to highlight the key assumptions and approaches most often used in these program types. It is not intended to be inclusive of every program delivered as there are also small numbers of specialist programs such as Aboriginal Family Violence Perpetrator Programs.

Aboriginal men's healing programs

Aboriginal men's healing programs are mostly delivered by Aboriginal community-controlled organisations or specialist Aboriginal teams within mainstream organisations. The programs address Aboriginal men's experiences and their role in families and communities. The healing orientation of the programs is intended to provide a culturally safe space where the impacts of colonisation, systemic racism and marginalisation can be explored at the individual, family and community levels. Aboriginal processes of healing from the subsequent results of intergenerational trauma can offer a supportive environment for participants to strengthen their individual cultural identity and those of their families.

These group format programs may include a cross-section of men. They may include men known to use violence towards their partner and family members; however, this behaviour is not the sole focus of the program.

In the context of family violence programs, it has been argued that Indigenous men need to be held accountable for their use of violence, while also acknowledging the trauma of colonisation (Andrews et al., 2018; Cunneen, 2002; Franks, 2000). The forms of accountability, therefore, need to be community controlled in ways that recognise a cultural as well as western lens on family violence.

Methodology

A scoping review was undertaken as a means of examining a range of relevant published and grey literature on the topic, which could then be synthesised to provide an overview of the knowledge available on a topic. This scoping review was wide ranging because available evidence was located in a range of literatures such as DFV, parenting and fathering, family support and Indigenous interventions and ways of working. The review followed the steps outlined by Arksey and O'Malley (2005):

1. Identify the research question.
2. Identify relevant studies with comprehensive search strategies that are documented and can be reproduced.
3. Based on an understanding of the literature, establish inclusion/exclusion criteria as the basis for deciding on studies that are credible and will contribute to answering the research question.
4. Analyse the studies to sort and categorise the available evidence and knowledge in a useful way to answer the question.
5. Collate the various findings of the studies and present the results in various forms depending on the type of studies included.
6. Consult and engage with stakeholders as means of checking the validity and utility of the analysis.

The research question for the review was *'How do men's behaviour change programs, fathering programs for men who use violence, and Aboriginal men's healing programs address the issue of fathering in the context of domestic and family violence in Australia and internationally?'*

The search strategy was guided by inclusion criteria (see the Appendix). A range of databases and websites were considered, including Academic Search Premier, PsychINFO, Social Work Abstracts, Dissertation Abstracts International, Social Science Abstracts, Australia/New Zealand Reference Centre, Psychology and Behavioral Sciences Collection, and the Cochrane Collaboration. Specific journals searched included *Violence Against Women, International Journal of Offender Therapy and Comparative Criminology*, *International Journal of Law, Policy and the Family, Violence and Victims*, and the *Journal of Interpersonal Violence*.

The search also looked at New Zealand and Australian state, territory and Commonwealth government department websites, especially those relating to law and social services; the Australian Institute of Family Studies website; the Australian Domestic and Family Violence Clearinghouse; the Centre for Indigenous Education and Research at Edith Cowan University; the Indigenous Justice Clearinghouse; and Indigenous websites from New Zealand and Canada.

While the literature review was limited to the years 2000 to 2018, there was flexibility to include older literature if it was deemed of importance to the search topics. Database, website and journal searches were supplemented with searches of reference lists that yielded 'grey' literature such as unpublished reports, group program curricula and descriptions of other programs.

Data management

Studies were classified into three broad categories: men's behaviour change, fathering and Indigenous programs. Sub-categories were then created, as follows:

- Men's behaviour change: guiding intervention; evaluation approach; outcome measures; main results.
- Fathering: intervention approach; outcome measures; main results.
- Indigenous: intervention approach; evaluation; main results.

A number of Indigenous programs described an approach that focused on men's responsibilities within their communities as well as towards their partners and children. These Indigenous programs were included where the focus was clearly on the violent behaviours within the home and their effects on the children, as well as on the community. Other studies specifically discussed the participation of victims of domestic violence and children. This participation was noted where useful.

This yielded a total of 113 articles, 70 focusing on domestic and family violence, 36 on fathering and seven on Indigenous men, violence and fathering. The majority of articles (approximately 60%) were drawn from North America (USA and Canada), with approximately 20% from Europe and the United Kingdom and 20% from Australia. The review took into account that Indigenous men also participate in mainstream behaviour change programs within the justice system and in some non-government services. While these programs may address family violence and fathering issues, they do not appear to focus specifically on cultural issues for Indigenous men nor are they healing programs.

A limitation of the review is its focus specifically on interventions for fathers. Many programs in parenting do not discriminate between genders when selecting participants (Macvean et al., 2013), resulting in the potential for violent men to participate in a generic parenting program alongside women who may be victims of domestic violence. There appears to be limited data available to determine how many fathers who have engaged in domestic violence may attend these generic programs. Perpetrators' fathering practices are difficult practically and ethically to research given the nature of what would be observed, recorded and measured and the right of participants to withdraw consent at any time.

Examining fathering programs in the context of domestic and family violence

The proliferation of MBC programs internationally has led to a larger body of evaluation research about these programs compared with the other two program types (Akoensi, Koehler, Lösel, & Humphreys, 2013; Lilley-Walker, Hester, & Turner, 2018; Wojnicka, Scambor, & Kraus, 2016). Fathering programs for men who use violence have a growing evidence base since their relatively recent emergence (Diemer et al., 2020; Scott & Lishak, 2012; Stover, 2015). Research about Aboriginal men's healing programs is much smaller but increasing, and largely in evidence in Canada, Australia and the United States of America (Gallant et al., 2017).

Table 1 presents a comparison of the three program types including their goals, theoretical approaches, structure and content, inclusion criteria and evaluation.

Table 1: Types of fathering programs for perpetrators of domestic and family violence

	Men's behaviour change (MBC) programs	Fathering programs for men who use violence	Aboriginal men's healing programs
What are they?	Facilitated group work programs to support men who have used abusive and controlling behaviours towards their partners or family members to change their behaviour and build healthy and respectful relationships	Programs for fathers who use violence and abuse against partners and children that address their parenting, including what makes for safe, responsible and reparative fathering and care of children	Programs for Aboriginal men that address family violence in the context of wider healing from secondary trauma associated with colonisation and on-going discrimination.
Overarching goals	Increase safety of women and children, increase accountability of the perpetrator, and influence change in men's violent and coercive behaviours	Increase fathers' accountability and empathy towards their children's perspectives, increase awareness and practice of positive fathering, and decrease the use of family violence	Increase confidence and capacity to gain meaningful employment, and to overcome issues such as family and domestic violence, incarceration, and poor health and wellbeing for Aboriginal and Torres Strait Islander men
Theoretical approach	Three major orientations: pro-feminist approach, cognitive behavioural approach, psychodynamic approach	The programs involve psycho-education and cognitive behavioural aspects, which raise participants' awareness of the impact of their actions and consider ways of parenting that are child-centred and reparative.	Healing programs focus on strengthening Aboriginal and Torres Strait Islander men's identity through cultural, educational and therapeutic healing activities, which take account of their experiences and the impacts of colonisation and intergenerational trauma (Healing Foundation, 2017)
Structure and content	Programs differ in terms of outcome measures, program focus, program duration, whether groups are open or closed, universal versus tailored programs, and evaluation approaches. There are also differences between those who work with mandated clients and those whose clients are not court directed or ordered to attend.	The programs aim to motivate men to change on the basis of having an improved relationship with their children. Programs use a group format and participants are known to have used family violence before attending a program. Comprehensive manuals for practitioners and participants	Programs differ across locations in Australia and how they run; however, commonly they involve a group and community orientation to working together as men with facilitators who offer various Indigenous-led strategies to support wellbeing
Client inclusion	Client readiness to change Man is known to have used family violence	Client readiness to change Man is known to have used family violence	Client readiness to change Man identifies as being Aboriginal and/or Torres Strait Islander
Evaluation	Evaluations have included control and comparison groups, as well as tracking progress in programs over time. Central to any evaluation is the inclusion of partner and ex-partner feedback to determine impacts.	Evaluations have included control and comparison groups. Incorporated into evaluation are the perspectives of children and co-parents in order to gather an accurate perspective of impacts.	Programs use a range of methods for evaluation, which can be Indigenous in focus (such as narrative accounts), as well as data about communities (such as rates of incarceration or unemployment).

Men's behaviour change programs

Debate about MBC programs has focused on what constitutes men's behaviour change as compared with men's anger management programs. Some Australian researchers have suggested there is little difference between these approaches (Brown & Hampson, 2009), while others argue that MBC programs are more comprehensive, and include a coordinated community response and accreditation against a range of minimum standards (Diemer, Humphreys, Laming, & Smith, 2015). Coordinated community responses consider the man as well as members of his family as clients in their own right. MBC programs also perceive DFV as greater than anger, with motivations being more complex and requiring more than learning techniques to manage feelings of anger (Costello, 2006; Expert Advisory Committee, 2019; Gondolf, 2002; Laing, 2003; Phillips, Kelly, & Westmarland, 2013).

Many programs aimed at changing the behaviour of violent men do not appear to give much attention to men's roles as fathers, even though these men may also benefit from changes to their behaviours as parents (Perel & Peled, 2008). Indeed, tensions appear to exist in relation to the inclusion of specific content about fathering within MBC programs, which has resulted in some MBC programs including fathering content while others do not.

There is a growing body of evidence about MBC programs and their impact on perpetrators and victim–survivors; however, it is also divergent, because there are differing MBC programs and program pathways, as well as different evaluation methodologies aimed at determining effectiveness (Day, O'Leary, Chung, & Justo, 2009; Gondolf, 2002). Only a small proportion of these studies focus primarily on perpetrators' fathering. In addition, the hybrid nature of many MBC programs suggests no direct comparisons have been able to be undertaken to consider in detail the differences between the Cognitive Behaviour Therapy (CBT) and Duluth programs due to the difficulties in identifying their specific intervention techniques (Babcock, Green, & Robie, 2004). More recent research on CBT or Duluth models compared with Acceptance and Commitment Therapy (ACT) intervention suggested that men referred to ACT interventions had a significantly higher dropout rate but significantly fewer new charges for violence (Zarling, Bannon, & Berta, 2019).

The lack of direct comparison between approaches is challenging for program designers and evaluators who may experience difficulties in determining a structure for program development, particularly in relation to program fidelity.[2] This can include the theoretical orientation of programs, participant assessment and inclusion, program content and intervention methods. Programs that only focus on the man whose behaviour is at the centre of the work tend to see him as the beneficiary, whereas broader considerations incorporate the adult victim and the children as the ultimate beneficiaries of the program to whom providers should be accountable (Gondolf, 2002; Justo, Lucas, Salizzo, & McCartney, 2009). In this case, the orientation would suggest that children's and women's experiences should be influential to program content and orientation.

These differences raise particular issues for what appears to be a simple question of 'what works?' It is more difficult to evaluate the indirect effects of a program where the direct participant in the change is involved in groupwork but the beneficiaries are other family members who may or may not wish to be involved in evaluation (Gondolf, 2002; Kelly & Westmarland, 2015). Nevertheless, without including the views of women and children about the change process, evaluations become over-reliant on self-report by men on the program. Understandably, these reports are considered to be flawed without triangulation and confirmation from women and sometimes children (McGinn, Taylor, McColgan, & Lagdon, 2015). In addition to those victimised, McConnell, Barnard, & Taylor (2017) argue that the referring practitioner should also participate in the assessment of the individual perpetrator for an MBC program, as this would offer some insights into which perpetrators would most benefit from a program.

Perpetrators' readiness to change is a related assessment issue being examined in the research about MBC programs. This is particularly important because as more individuals are court directed to attend MBC programs, individual suitability for the intervention and the likelihood of it making a positive difference requires greater attention. Day and Bowen (2015) argue that those who are 'experts' in perpetrating DFV, particularly coercive controlling behaviour alongside other forms of violence, use violence instrumentally and are likely to have a history of violent offences. These men pose a high risk to women, are skilled at not being detected and are unlikely to respond to existing interventions. As MBC programs are group-based, such participants would be unlikely to progress and potentially disrupt dynamics and affect outcomes for others. Pathways of intervention require an understanding of perpetrator dynamics to optimise the potential of desistance (Devaney & Lazenbatt, 2016). These debates about the utility of court ordered programs are not unique to domestic violence and are debated more generally in the criminal justice system; for example, with those who are misusing substances (Smedslund et al., 2011).

2 Program or implementation fidelity 'refers to the degree to which an intervention or program is delivered as intended. Only by understanding and measuring whether an intervention has been implemented with fidelity can researchers and practitioners gain a better understanding of how and why an intervention works, and the extent to which outcomes can be improved' (Carroll et al., 2007).

Another consideration is whether, and how, specific content for fathers is embedded into MBC programs, particularly when it is recognised that half the victims of DFV are children (Cox, 2015). Some peak bodies (e.g. RESPECT in the UK) mandate that program providers include a focus on fathering in MBC programs. In Australia, the Experts Advisory Committee of Family Safety Victoria (a key government body for family violence) recommended the inclusion of fathering content within MBC programs (Experts Advisory Committee, 2019). However, it does not appear to be stipulated how this occurs and attention to this issue may be only one bullet point easily 'lost' in the wide range of other issues to be addressed (see RESPECT guidelines, RESPECT, 2017). Thus, few MBC programs focus directly on fathering issues.

Our review of the literature indicates that often children are used in discussions at the beginning of program assessment as a motivator for change. Research has shown that children provide a key motivation for men who use violence to attend MBC programs (Broady, Gray, Gaffney, & Lewis, 2017; Casey, Leek, Tolman, Allen, & Carlson, 2017; Stanley, Graham-Kevan, & Borthwick, 2012). While important, this does not address the man's fathering practices directly, his undermining of the children's mother and her parenting capacity, or his accountability for his past and future actions. Therefore, how to include discussions about the gendered dynamics of fathering in a program that focuses on changing violent behaviours and controlling attitudes is an issue.

Different approaches have been taken including:

- content relating to fathering included as a specific module within MBC programs
- standalone fathering programs following the completion of an MBC program
- recognising men may start their change journey either in an MBC program or a specialist program for fathers who use violence.

The Victorian Evaluation of Caring Dads (Diemer et al., 2020) indicated that approximately 40% of the men had also undertaken a MBC program or were undertaking this work concurrently with their attendance at Caring Dads. These are considerations for both practice and policy workers when programs are being designed and funded.

Whether there should be specific MBC programs for fathers alongside those for other men, or whether all men, regardless of their parenting status, should attend groups together, has been raised as an issue for research and practice. Other factors include: whether only fathers who are currently caring for, or have regular contact with their children or partner's children, would benefit more from a group experience than those who have no contact with children whatsoever; and whether men who live separately from their partners and children would be better served in a group with other men in similar circumstances (Lilley-Walker et al., 2018; McConnell, Barnard, & Taylor, 2017). Additionally, while MBC programs are pitched as a community response to DFV, some concern has been expressed about whether programs should include co-occurring women's groups or even conjoint groups and couples' counselling once safety has been established (Stanley et al., 2012; West, Mitchell, & Murphy, 2013). This is obviously dependent on whether the victim and perpetrator will be continuing in a relationship.

Finally, there is a lack of children's perspectives in the delivery of MBC programs. The Australian literature has distinguished between three approaches:

- child-focused (where discussions focus on children but without their direct – or indirect – input)
- child-inclusive (where children are directly included in some way in their parents' program, either through feeding their actual comments back to parents or inviting them to talk with their parents directly)
- child-centred (a holistic approach, providing children with services and inviting them to participate directly with their parents).

Child-focused approaches can include information from children in the program content; however, a 2003 study found very little content directly related to children's perspectives (Kovacs & Tomison, 2003). It was found that little has changed in over a decade (Alderson, Westmarland, & Kelly, 2013). Research about children and young people's knowledge of MBC programs their fathers were attending (Lamb, Humphreys, & Hegarty, 2018; Rayns, 2010) indicated that they knew the program was aimed at stopping their violence and anger but were not given information about the program, nor did they participate in providing feedback. Furthermore, Rayns (2010) found that the programs did not directly address the participants' fathering or roles as fathers.

While direct participation of children raises concerns for their physical, emotional and psychological safety, children have expressed opinions about their parents' behaviours and are clearly affected by the violence they have experienced (Bagshaw et al., 2010; Lamb et al., 2018). Children can be invited to participate more fully, both indirectly, through providing feedback about perpetrators' involvement in programs (Lilley-Walker et al., 2018) and in evaluation of program effectiveness (McConnell et al., 2017), or directly, through providing advice on program

development and implementation (Campbell, 2008). The value of digital stories to bring the child's voice into programs has been highlighted (Lamb et al., 2018, see violenceagainstwomenandchildren.com/?p=540).

Box 1: Critical reflections for practitioners

MBC programs

Below are a set of practitioner questions focusing on men's behaviour change programs. Practitioners and their managers may reflect on the following:

- What structure will your men's behaviour change program take to ensure that men's role as a parent is addressed within the program?
- What theoretical underpinnings and program logic will provide the rationale for the change process for men who use violence?
- How will the program's assessment procedures address who is suitable to be accepted into the program, and whether assessment will be ongoing?
- How will the impact of the program on women and children be monitored and evaluated?
- How will evidence of effectiveness be measured, including in the men's role as fathers?

Fathering programs for men who use violence

The evaluation of fathering programs for men who use violence is at a relatively early stage. The program Caring Dads in Canada has undertaken two peer-reviewed evaluations (Scott & Crooks, 2007; Scott & Lishak, 2012), a further evaluation of the English and UK sites (McConnell, Barnard, Holdsworth, & Taylor, 2016; McConnell et al., 2017) and a three-year evaluation of Victorian Caring Dads sites (Diemer et al., 2020). Evaluations for other programs also exist (Fleck-Henderson & Arean, 2004; Stover, 2015). The early results of these evaluations suggest promising trends and, like MBC programs, a group of men who clearly engage and change some of their behaviours.

Pre- and post-intervention measures indicate significant changes in relation to: less reactivity to children's misbehaviour; less hostility to children and other family members; and some improvement in co-parenting. There was little shift in the measures of men's anger (Labarre et al., 2016; Scott & Lishak, 2012). The UK evaluation showed mixed results: fathers and partners reported fewer incidents of abuse; fathers found parenting less stressful and interacted better with their children at program completion; and, when improvements were sustained, the feeling of safety and wellbeing in the family was improved (McConnell et al., 2017).

The Australian evaluation showed that the men moved through many stages in their change process. Most men who did the 17-week program could: recognise the problematic behaviour of other men; and recognise their own problematic behaviour and the impact this has on their children. A smaller, but significant, group of men undertaking the program could: implement program tools and actions helpful to interrupting their harmful fathering actions and improve their fathering; and consider their behaviour before using harmful fathering practices. Other indicators of change (embedding positive fathering practices that are respectful of their children, demonstrating respect towards the mothers of their children, and recognising their role as fathers taking responsibility) were evident in a smaller group of men who completed the program. Women participating in the evaluation reported a greater sense of safety while the men were in the program, and most reported better attitudes and behaviour of the men towards their children.

There were problems reported post-program in sustaining change, however, and there were few levers in the system to support monitoring, accountability and encouragement of men's continuous change processes. Those men who were on a change journey and who were supported with case management, extra counselling and were attending or planning to attend an MBC program stood out as making the greatest progress in their behaviour and attitudes (Diemer et al., 2020). Additionally, in each of the evaluations of these programs are reports of fathers who did not change sufficiently to enhance the safety and wellbeing of their children, despite completing the program.

Program evaluations have occurred with *Fathers for Change* (Stover, 2013, 2015). This program was designed to improve parenting and co-parenting practices, prevent ongoing violence and abuse, and address drug and alcohol issues that may be present. When randomised to a control group for individual drug counselling or the *Fathers for Change* program, there were significant improvements for the men in the *Fathers for Change* program compared to the control. However, there was no difference between the two groups on co-parenting.

While there has been some evaluation of these programs, far more appears necessary in order to gain evidence of their success in helping fathers to sustain changes made in the program and to focus more directly on their parenting and their children's needs.

Box 2: Critical reflections for practitioners

Fathering programs

Below are a set of practitioner questions focusing on Fathering programs for men who use violence. Practitioners and their managers may reflect on the following:

- How will you screen for DFV in your intake to a standard parenting program to ensure that fathers who use violence, who have not previously attended specialised groupwork programs for their abusive behaviours, are identified and discouraged from attending?
- What theoretical underpinnings and program logic will provide the rationale for the change process for men who use violence?
- How will you plan to monitor and evaluate the changes to fathering and co-parenting by men who use violence attending groupwork programs?
- What strategies will be put in place to ensure that women and their children have a service when fathers who use violence are referred and accepted on a program?

Indigenous programs for men who use violence

There is limited formal evaluation of the efficacy of Indigenous programs in addressing men's violence against women and children (Gallant et al., 2017; Healing Foundation, 2017; Olsen & Lovett, 2016). Gallant and colleagues (2017) highlighted several factors that have contributed to the paucity in rigorous evaluations to date, including:

- the focus on Indigenous men's programs in the context of family violence is only just emerging
- organisations lacked available resources to adequately evaluate their programs
- existing non-Indigenous evaluation measures are not always appropriate.

The need to build the evidence base for Australian Aboriginal and Torres Strait Islander men's programs is crucial for two reasons. Programs need to be culturally and gender informed in order to address the experiences and dynamics of Aboriginal family violence as they have cultural and gendered impacts on Aboriginal families and communities. The intention is that the programs are culturally safe spaces drawing on Indigenous ways of working and being, forms of family and community accountability for non-violence. Pragmatically, evidence is important for the continued funding of programs. Andrews and colleagues (2018) highlighted that more than 20% of programs they had tried to contact to participate in their study had recently ceased due to funding issues.

Based on the literature to date, it is evident that Indigenous programs focus on culturally informed ways of being while addressing violent behaviours and fathering within a framework of healing. Despite the lack of available academic evidence on the efficacy of Indigenous programs that seek to address men's violence, the literature clearly demonstrates that Indigenous communities have had, and continue to develop, innovative programs aimed at addressing the complex needs of Indigenous men who use violence. Andrews and colleagues (2018) argued that 'family violence discourse in Australian Indigenous communities is often polarised and framed as gendered vs healing interventions' (p. 2); however, they believe both approaches are required to address Indigenous men's violence (Andrews et al., 2018).

At present, there is also very little documentation of Aboriginal men's fathering; the majority of the research focuses on the use of violence towards family members. The Healing Foundation has also called for the need for Indigenous family violence programs to be 'positioned within broader community strategies that support individual, family and community healing through approaches that draw from both Indigenous culture and western practice' (2017, p. 3). Further evaluation is needed to understand the impact of programs on preventing violence and abuse, and to investigate further the ways to address gender and healing in the development of programs for Aboriginal men. Such work could also be used to develop and extend work on Aboriginal men's fathering from a positive culturally informed stance.

Box 3: Critical reflections for practitioners

Indigenous programs

Below are a set of practitioner questions focusing on Aboriginal men's healing programs. Practitioners and their managers may reflect on the following:

- How can your organisation build its engagement with local Indigenous community organisations and the broader Indigenous community to ensure program design and delivery include appropriate Indigenous leadership?
- How well do your programs address both gender and healing?
- How can your organisation include Indigenous leadership in the monitoring and evaluation of a program?

Challenges to measuring success

Stakeholders (policy makers, facilitators, men, women and children) want evidence that positive change is occurring as a result of involvement in a group work program; however, the type and quality of evidence that men have changed their behaviour towards their children and their (ex) partners is currently limited. In particular, the study design, sample size, measurement scales and indicators used and resources for evaluation have restricted the generation of quality evidence.

The diversity of programs that include domestically violent and controlling fathers makes it difficult to compare programs with each other and to determine the effectiveness of each. There are some programs dedicated to only dealing with domestically violent men as fathers, such as Caring Dads. In other programs directed primarily at either DFV, fathering/parenting or men's healing, the content and approach vary significantly between service providers and programs, and also appear to determine (to a degree) the length of the program that is offered. Bennett and Williams (2001) questioned whether the length of a program correlates positively with levels of safety for women and children. Almost two decades later, this question has not been convincingly answered. While there are promising trends and findings in evaluations of programs (Diemer et al., 2020; Scott & Crooks, 2007; Stover & Morgos, 2013; Westmarland, Kelly, & Chalder-Mills, 2010), there are no definitive answers from the evidence base to guide policy makers and practitioners.

Program evaluations have used a variety of comparison groups drawn from drug and alcohol programs and program drop-outs, or by comparing men who were randomly assigned by the courts or probation services to probation-only or community-service programs (Buttell & Carney, 2006; Scott & Lishak, 2012; Stover, 2013). Others have reported using mandatory arrest rates as a comparison group for outcomes (Stover, Meadows, & Kaufman, 2009), while others have contrasted results from different intervention types, such as group programs and individual counselling (Babcock et al., 2004; Feder, Wilson, & Austin, 2005; Stover et al., 2009). Whether these approaches lead to appropriate control groups is unclear (Laing, 2003). An over-arching argument derived from the literature is that a strong focus on safety should be at the core of program evaluations, which privileges the experiences of women and children, as well as including practitioners' and men's reports (Coffey, 2009; Costello, 2006; Laing, 2003; Scott & Lishak, 2012). However, such an assertion assumes that all programs prioritise women's and children's safety as the primary goal.

Many study samples have been small with small effect sizes (Bunston, 2013; McCracken & Deave, 2012; West et al., 2013), creating concern about the representativeness of the results and making it difficult to reach firm conclusions (Babcock et al., 2004). These varied evaluation challenges have led Feder and colleagues (2005) to conclude from a large systematic review that the evidence raises concerns about whether MBCs are effective at all in achieving long-lasting change for men who have been found guilty in court of domestic violence.

Evaluation findings from fathering programs for men who use violence (Stover & Morgos, 2013) and Aboriginal healing programs (Gallant et al., 2017) are not as readily available as those for MBC programs. Available evaluations appear to suffer the same methodological difficulties as those for MBC programs. While some randomised controlled trials have researched long- and short-term outcomes for generic parenting programs such as Triple-P (Hahlweg, Heinrichs, Kuschel, Bertram, & Naumann, 2010; Heinrichs & Jensen-Doss, 2010), studies focusing on fathering programs with men known to have used violence often focus on case-controlled or case

studies, involving very few respondents. Very small samples appear common (Bunston, 2013), often reflective of the small number of programs and the even smaller number of participants who complete programs. Studies have relied on pre- and post-intervention self-report measures of change in the participants (Scott & Lishak, 2012).

Evaluations have also been undertaken on pilot versions of fathering programs targeting men who have used family violence, some of which appear to have been shelved after the pilot stage has concluded (Diemer et al., 2020). This creates difficulties in understanding how effective they might have been.

A further concern in the evaluation of all types of fathering programs is the range of different approaches to assessing men for program inclusion and the instruments used to measure progress. The literature refers to a large number of different assessment tools, including survey instruments (Rothman, Mandel, & Silverman, 2007) and psychometric measures such as the *Fatherhood and Substance Abuse Structured Research Interview* (Stover, Easton, & McMahon, 2013), the *Childhood Trauma Questionnaire* (Bernstein et al., 1994) and the *Parenting Relationship Questionnaire* (Kamphaus & Reynolds, 2006). A possible difficulty with these tools is that there appears to be little consistency in the use of them to assess fathers' appropriateness for specific programs. Evaluations that rely on the data from these assessments may not be applicable for fathers in other programs not included in the evaluation study. This creates difficulties in evaluating the overall effectiveness of the programs that are in existence.

Difficulties in choosing appropriate research designs and sample sizes for evaluations lead to questions about appropriate measures of success for program developers. Laing (2003) raised concerns about whether success means the complete cessation of violence or whether the presence of some change (such as a reduction of violent behaviours, if not a complete cessation) indicates success.

Rates of re-offending and self-reports of change have both been criticised as being somewhat simplistic and unreliable as measures of success. Re-offending rates may suffer from under-reporting, while self-reports may be conflated. The absence of reported recidivism is not a guarantee there is cessation of all forms of violence (Costello, 2006; Westmarland & Kelly, 2013). Drop-out and attrition rates have also been used as measures of success in MBC programs, but these are of concern because these are quite blunt output measures. The differences between those men who continue in programs to completion and those who drop out are unknown in relation to their behaviour and attitudes (Bennett & Williams, 2001). This has prompted some authors to consider evaluations that include those who express an intention to complete a program alongside those who do complete (Parker, Bush, & Harris, 2014).

Other researchers have suggested that evaluations might be more appropriate if they focused on the content of the program, considering the responses of participants to the approaches and information provided. To this end, some programs have introduced a raft of validated (as well as non-validated) tools to measure; for example, drug and alcohol use; mental health status; types of other offending; attitudes to women and gender roles; and attitudes to children (Alderson et al., 2013; Beres & Nichols, 2010; Graham-Kevan, 2009).

It has further been suggested that evaluations should include the perspectives of women and children about the changes made by men (Castelino, 2009; Fleck-Henderson & Arean, 2004). Their inclusion has been perceived as positive, both for their own safety and for achieving a more comprehensive understanding of the effects of the behavioural changes that may have occurred (Laing, 2003). If, as has been suggested in some research, women are held responsible for their children's safety rather than placing that responsibility on to the men who have perpetrated the violence (Alderson et al., 2013), their inclusion in evaluations may assist to remove the blame that may be assigned to them for breaches of safety. When partners and children participated in a recent evaluation of a British program, they reported positive changes for the perpetrator and for themselves (McConnell et al., 2017). However, the level of attrition in participants by the end of the study period led to cautions about the reliability of the findings. Lilley-Walker and colleagues (2018) also point out that reports of change from partners may perhaps be only reliable when the partners have been in regular contact with the perpetrator or continue to live with him.

There has been little attention in MBC evaluations to men as fathers and the impact of these programs on changing their behaviour towards their children and co-parenting. Some exceptions lie with the Mirabel evaluation project in the UK, as women had identified they wanted the fathering and co-parenting behaviours of men who use violence to change (Westmarland et al., 2010).

While recognising the limitations of the MBC program evaluations in relation to men's fathering (the subject of this paper), it is worth detailing specific issues for program designers and evaluators with these programs as they have implications for changing violence and abuse in families and affect the lives of children. Moreover, women and children have been reported to measure the success of programs differently from professional assessments. For example, while complete cessation of the violence is important for them, other factors such as improved relationships, the development of positive communication, the ability to freely voice their concerns,

improved social activities and independence in making choices have been found to be important measures of change alongside issues of safety for women and children (Westmarland & Kelly, 2013). Children in one study (Lamb et al., 2018) were clear that there were three steps they expected of their fathers: addressing the past; making a commitment to change; and rebuilding trust. There has been little indication in program development that these issues have been tackled so they have, therefore, not been measured.

Conclusion

This paper is intended to provide the basis for a research-informed conversation among policy makers and practitioners about next steps in developing this area of perpetrator intervention. The results of this review indicate the need for greater development and testing of interventions ranging from how fathering capacity and safety is conceptualised and assessed by practitioners both in specific DFV perpetrator programs and mainstream programs for men as fathers, through to what responses could be developed and how they could be implemented within programs and the wider service system. Both the evidence about the impacts of DFV and the evaluation findings about DFV fathering interventions point to including men's roles as fathers as a core issue in the development of interventions for perpetrators of DFV.

Research and evaluation are at an early stage in understanding the key elements needed to implement DFV programs that address men's fathering. The evidence base of practice effectiveness is limited and, in most programs, the perspective of children is minimal and can be ethically complicated with legal, safety and consent concerns when involving children where DFV has been or is a feature of their lives. This highlights the need for better program design and implementation, particularly focusing on the effects of violence on children and the diminishing of the effectiveness of fathering when a father is violent. There is also a need for programs to be more contextualised and holistic. The most holistic approaches are within Aboriginal men's healing programs that are grounded in family as integral to men's identity and positive mental health, while not discounting the importance of accountability to those who are victims of men's violence.

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Appendix: Inclusion criteria

Table A1 outlines the inclusion criteria used for the scoping study.

Table A1: Inclusion criteria

Parameters	Inclusion
Location	Australia (primary interest) United States, Europe, Australia and New Zealand (secondary interest)
Language	English
Publication date	January 2000–December 2018. Older studies were only included if considered highly relevant.
Population	Men who had been identified as having used domestic violence in the home
Type	Programs or interventions that focus on changing male participants' violent behaviours and/or addressing their approach to parenting within the context of violence
Examples of initial keyword searches	domestic and/or family violence parenting; fathers and domestic violence group programs and domestic violence

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