MALTREATMENT IN THE FATHER-CHILD RELATIONSHIP: AN EXPLORATION OF
PROBLEMATIC RELATIONAL DYNAMICS

by

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Abstract

Despite the high prevalence of father-perpetrated maltreatment, relatively little

empirical attention has been given to men who abuse and neglect their children (Dubowitz,

2006, 2009; Haskett, Marziano, & Dover, 1996). To further our understanding, the current

dissertation explored father-child relational dynamics that underlie risk for child

maltreatment. In the first study, data from a sample of 121 maltreating fathers were used to

discern differential patterns of parenting dynamics using both theoretical and statistical

approaches to classification. It was hypothesized that fathers would show problems

predominantly in one of five areas: emotional unavailability; negative attribution, harshness,

and rejection; developmentally inappropriate interaction; poor psychological boundaries; and

exposure of a child to hostile inter-parental relations. Contrary to expectation, little support

was obtained for the predominant problem hypothesis. Although methodological limitations

may play a role, results indicated that men were more clearly differentiated by the degree of

severity evidenced across their problematic parent-child interactions, than by differences in

the specific pattern of problems they experienced.

An interesting finding from Study 1 was that increasingly severe relational problems

were associated with a misprioritization of parent and child needs. Study 2 further explored

this dynamic by revising and re-evaluating a self-report measure of men's ability to balance

needs in the father-child relationship. Data from two samples (93 community fathers and 85

maltreating fathers) provided mixed results: Support was obtained for the internal consistency and construct validity of the image-emotional needs subscale of the measure; however, minimal support was obtained for the personal needs subscale. Furthermore, in contrast to expectation, discriminant validity was not obtained for either subscale, as maltreating fathers reported a better ability to balance needs on both scales than fathers drawn from a community sample. Social desirability was one of several factors deemed to play a key role in this finding. Each study's contribution to the field is reviewed, along with discussion of limitations and future directions.

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Chapter 1

Worldwide, millions of children are victims of abuse and neglect each year (World Health Organization, 2006). Equally alarming is the fact that the perpetrators of this abuse are often people in positions of authority and trust, with fathers representing a significant proportion of abusers. According to a growing body of evidence, fathers are disproportionately responsible for cases of child maltreatment, particularly amongst its most severe forms (e.g., Brewster et al., 1998; Daley & Piliavin, 1982; Jason & Andereck, 1983; Rosenthal, 1988; Sinal et al., 2000; Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002). For instance, data from the second Canadian Incidence Study of Child Abuse and Neglect showed that, among two parent families, fathers were identified as perpetrators in 67% of physical abuse cases, 56% of emotional maltreatment cases, and 88% of exposure to domestic violence cases (Trocme et al., 2005). Homicide data across 30 years have also consistently shown that the majority of family-related child homicides are committed by fathers (Canadian Centre for Justice Statistics, 2004, 2006).

Despite the high prevalence of father-perpetrated abuse, relatively little attention has been given to men who abuse and neglect their children (Crooks, Scott, Francis, Kelly, & Reid, 2006; Dubowitz, 2006, 2009; Guterman & Lee 2005; Haskett, Marziano, & Dover, 1996). Much of the past research has focused on the role of mothers in maltreatment or has utilized samples consisting of both mothers and fathers without distinguishing which parent perpetrated the abuse (Haskett et al., 1996; Phares, 1996; Pittman & Buckley, 2006). This bias in the literature is problematic as it has not allowed for a complete and adequate examination of the context in which maltreatment occurs (Muller & Diamond, 1999). Furthermore, little remains known about men who abuse and neglect their children, and how to best prevent and intervene in their harmful behaviour.

In recognition of the need for a more empirically based understanding of these men, the current dissertation applied novel and theoretically grounded approaches to exploring the relational dynamics that potentiate father-perpetrated maltreatment. Two manuscripts are presented; one that contributes to the literature by exploring five patterns of problematic parent-child interaction: poor emotional connection; negative attribution, harshness, and rejection; developmentally inappropriate expectations and interaction; inappropriate psychological boundaries; and exposure to inter-parental hostility (Chapter 2) and the other

that focuses on fathers' poor recognition and prioritization of children's needs (Chapter 3). The final chapter provides general conclusions from the two studies and discusses the implications for theory, research, and practice. Given the manuscript format of this dissertation, it is prudent to note that there is overlap in the information presented in each of the chapters. Furthermore, as Chapter 3 is an extension of this writer's unpublished Master's thesis, overlap is also observed between the current work and that of Stewart (2004).

In the present chapter, pertinent literature and theory are reviewed as a means of providing background for key issues that are addressed more concisely in the manuscripts that follow. The review begins with an overview of the definition, prevalence, and impact of child maltreatment. Key reasons for the lack of attention to fathers in research and practice are then presented, along with a discussion on how problematic dynamics in the parent-child relationship can help inform our understanding on how and why father-perpetrated maltreatment occurs.

Child Maltreatment: A Brief Overview

Although the abuse and neglect of children has occurred throughout history, it was not until Kempe and colleagues published "The Battered Child Syndrome" in 1962 that clinicians and researchers truly began to recognize the extent of child maltreatment (Leventhal, 2003). In the nearly 50 years since this pivotal article was published, researchers have worked diligently towards understanding the complex and challenging nature of child maltreatment. As the knowledge base continues to evolve, findings from past literature remain essential in providing the context for new and innovative research endeavors. Relevant to the current work are discussions of the nature of maltreatment, its prevalence within society, and its deleterious effect on the lives of children.

Broadly speaking, child maltreatment refers to an act of commission or omission by a parent or caretaker that results in harm, or imminent risk of harm, to a child. The four most commonly used categories of maltreatment are physical abuse, sexual abuse, psychological/emotional abuse, and neglect. Less cited, but equally significant, forms of abuse include exposure to domestic violence, medical neglect, and moral-legal-educational maltreatment. Although these individual categories of abuse and neglect are commonly used to describe the different types of maltreatment that children experience, research has shown that they rarely occur in isolation (Herrenkhol & Herrenkhol, 2009; Higgins & McCabe,

2001; Trickett, Mennen, Kim, & Sang, 2009). Reviews of the literature reveal that as many as 80 to 95 percent of maltreated children may experience more than one form of abuse (Herrenkhol & Herrenkhol, 2009); however, it is noted as well that considerable variation exists in the literature, with lower rates of overlap found in samples drawn from the community and higher rates from samples of families identified by child protection and domestic violence service providers.

The prevalence of child maltreatment is astonishingly high. In North America, data from the third Canadian Incidence Study of Reported Child Abuse and Neglect revealed 235, 842 cases of investigated maltreatment in 2008, averaging to 39.16 investigations per 1,000 children (Trocme et al., 2010). Of these investigations, 36% of the cases were substantiated and 8% remained suspected. American estimates are even higher than those observed in Canada, with reports from the National Child Abuse and Neglect Data System (NCANDS) indicating an average of 47.2 investigations per 1,000 children (U.S. Department of Health and Human Services, 2009). While such incidence rates provide valuable insight into the prevalence of maltreatment, it is important to keep in mind that they are based solely on the number of child welfare investigations undertaken in any given year. Child maltreatment is a highly under-reported phenomenon and, for this reason, estimates based on the number of cases that come to the attention of child protection authorities are likely a gross underestimate of the true number of children who experience abuse and neglect each year (Hay, 1997; MacMillan et al., 1997). Data from retrospective community surveys reveal much higher estimates of maltreatment, with 10 to 25 percent of adults reporting the experience of physical abuse in childhood (MacMillan et al., 1997).

For the children who are victims of abuse and neglect, the deleterious effects are often widespread and long lasting. Along with physical injury and harm, maltreated children are at increased risk for an array of adverse psychological and behavioural outcomes, including depression, anxiety, aggression, conduct disorder, and delinquency (Boney-McCoy & Finkelhor, 1995; Johnson et al., 2002; Holt, Buckley, & Whelan, 2008; Malinosky-Rummel & Hansen, 1993). Compared to their non-abused peers, maltreated children are also more likely to have problems with cognitive functioning, academic achievement, and social relationships (Malinosky-Rummel & Hansen, 1993). The negative effects of maltreatment in childhood can extend into adulthood, increasing risk for problems in physical and mental health (Reinert &

Edwards, 2009; Springer, Sheridan, Kuo, & Carnes, 2007), interpersonal relationships, parenting, and criminal behaviour (Leventhal, 2003). As child maltreatment is a complex issue, the impact on any given individual can vary widely depending on a host of influencing factors, including age, temperament, relationship with the abuser, type and severity of abuse, and availability of support and other helping resources (National Research Council, 1993; Steele, 1990). For children experiencing multiple forms of maltreatment, the consequences are generally more serious and long lasting than for those who only experience one form of abuse (Finkelhor, Ormrod, & Turner, 2007; Teicher, Samson, Polcari, & McGreenery, 2006).

The Neglect of Fathers in Child Maltreatment Research

While much has been learned about child maltreatment, considerably more information is needed to develop a more in-depth and holistic understanding of the context in which child maltreatment occurs. One area that remains in critical need of further exploration is father-perpetrated abuse. To date, fathers have been largely overlooked as perpetrators of maltreatment in both clinical practice and empirical literature (Dubowitz, 2006, 2009; Guterman & Lee, 2005; Haskett et al., 1996). Within the Canadian child welfare system, a recent review of case files from a mid-sized city revealed that almost 50% of fathers were considered irrelevant to the protection of children and mothers (Strega et al., 2008). Also concerning was that 60% of the fathers who were identified as a risk to children were not contacted by social workers (Strega et al., 2008). The treatment literature reveals a similar bias, as experimental evaluations of intervention programs for maltreating and at-risk parents have typically reported on predominantly female samples (e.g., Bradley et al., 2003; Hakman, Chaffin, Funderburk, & Silovsky, 2009; Hughes & Gottlieb, 2004; Timmer, Urquiza, Zebell, & McGrath, 2005). It is perhaps not surprising then that a comprehensive review of the empirical literature in the area of child maltreatment revealed a predominant focus on mothers overall (Haskett et al., 1996).

A contributing factor to the neglect of fathers in both research and practice has been the erroneous belief that men in high-risk families are frequently absent and uninvolved in the lives of children. Historically, high-risk fathers have been viewed as tenuously connected to their children and families; however, clinical observation and empirical data have shown this perception to be untrue (Guterman & Lee, 2005; Scott & Crooks, 2004). For instance, men engaged in a pioneering intervention program for abusive and neglectful fathers report

active involvement in the parenting of their children (Scott & Crooks, 2004). Empirical data have also shown that high-risk men are, and continue to remain, involved in parenting. Salisbury, Henning, and Holdford (2009), for example, found that two thirds of men arrested for domestic violence were actively engaged in parenting roles. For many of these men, their contact with children continued after their arrest. Francis and Wolfe (2008) further found that 60% of fathers in an abusive sample reported parenting involvement with stepchildren. This latter finding highlights the fact that, even if abusive men do leave their families, they can easily become involved in the lives of additional children when they form new romantic relationships. Given that risk for engaging in maltreatment is greater for stepfathers and other male caregivers than for biological fathers (Daly & Wilson, 1985, 1994; Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001), this merging of abusive fathers into new families is of substantial concern.

A host of methodological challenges have also contributed to the lack of empirical information on maltreating fathers (Bellamy, 2009). Past studies have often lacked specificity with regard to who perpetrated the abuse, or have failed to document all types of abuse (Sternberg, 1997). There has also been an over-reliance on single informants, particularly mothers, for family information and outcome measures (Sternberg, 1997). Researchers have traditionally had a difficult time recruiting fathers, leading some to use indirect methods, such as asking mothers for information about fathers or examining father-related demographic variables (e.g., father absence, father income). Perhaps most exigent to researchers has been the task of accessing large samples of fathers known to have engaged in abusive or neglectful behaviour towards children.

To advance our understanding of fathers, research needs to move beyond learning about fathers indirectly (or through mother report) by directly querying fathers on their role and responsibilities in child maltreatment (Bellamy, 2009; Black, Dubowitz, & Starr, 1999; Dubowitz, 2009). Although not always easy to obtain, direct information provides unique insight into fathers' perceptions and needs, and can therefore yield important information that can protect children and help families. Enhanced strategies for engaging high-risk fathers in research will be instrumental in furthering our understanding of this important group of parents.

Etiological Models of Maltreatment

As researchers seek to advance our understanding of fathers, a key goal will be to delineate how and why abuse in the father-child relationship occurs so that effective prevention and intervention strategies can be put in place. Historically, the task of uncovering the etiology of abusive and neglectful parenting has been a key focus of researchers (albeit, with mothers primarily viewed as perpetrators). Many of the earliest theories of abuse consisted of simple and direct models, such as the psychiatric medical model, which proposed that child maltreatment was the result of parental psychopathology (Kempe, Silverman, Steele, Droegenmueller, & Silver, 1962). As evidence surfaced that contradicted these models, including the finding that only 10 percent of maltreating parents meet criteria for a psychiatric disorder (Parke & Collmer, 1975), the psychiatric medical model and other single factor models were abandoned in favour of multidimensional interactive models. One particularly influential model was Belsky's (1980) ecological framework, which viewed child maltreatment as being determined by a variety of interacting factors in the developmental, psychological, and societal contexts of both the parent and child. In this model, parental psychological makeup, child attributes and behaviours, and societal influences were all seen to affect the relationship between parent and child and to influence risk for maltreatment.

With interactive models highlighting the multi-factorial nature of abuse and neglect, researchers diligently worked towards identifying and describing the multitude of factors that contribute to the complex picture of abuse. As a result, a plethora of literature emerged that implicated a wide variety of factors ranging from the individual characteristics of the parent (e.g., demographic information, personality, and psychological characteristics) to the characteristics of the child, family system, and socio-cultural environment. A recent meta-analytic review of over 150 of these studies outlined the key risk factors associated with child physical abuse and neglect (Stith et al., 2009). For physical abuse, parent anger/hyperactivity, family conflict, and family cohesion were the three most significant risk factors identified. Additional significant factors included parent-child relationship problems, parental perception of the child as a problem, unplanned pregnancy, use of corporal punishment, parent psychopathology (including anxiety and depression), self-esteem, parents' relationships with their own parents, childhood history of abuse, child social competence, and child externalizing behaviours. Parent unemployment, socio-economic status, and family size were only

minimally related to risk for abuse and, contrary to what might have been expected, drug use, parent age, child age, child gender, and presence of a non-biological parent in the home were not related to risk for physical maltreatment. Many of the same risk factors were associated with neglect as with child physical abuse; with the largest effect sizes observed for parent–child relationship problems, parental perception of the child as problem, parental level of stress, parent anger/hyper-reactivity, and parent self-esteem.

As the risk literature burgeoned, questions emerged with regard to how and when risk factors converged. The focus of the research then began to shift from identifying lists of risk factors to trying to understand the complexities of how, when, and for whom these risk factors influenced risk for maltreatment. As a result, more recent efforts to understand the etiology of child abuse and neglect have tended to include an appreciation of the complex and multi-determined nature of maltreatment with a drive to understand the specific processes that underlie risk. Bugental and colleagues, for example, explored the role of parental mis-attribution of power in the perpetration of maltreatment (e.g., Bugental, Blue, & Cruzcosa, 1989). A major finding in their work was that parents who were low in self-perceived power were more likely to attribute negative intent to their children and were, correspondingly, at greater risk for engaging in emotionally and physically abusive parenting. Azar, Twentyman, and colleagues examined the influence of negative attribution biases in parents' interpretations of child misbehaviour (e.g., Azar & Twentyman, 1986; Larrance & Twentyman, 1983; Miller & Azar, 1996). Their research found that parents who hold hostile or blame-oriented beliefs about children were more likely to engage in child physical abuse. More complex process-level models have also been developed. One such model was Milner's (1993, 2003) social information processing model: an integrative framework for organizing and describing the numerous parent cognitions thought to mediate parents' physically abusive behaviours.

While much has been learned from process-level models, a consistent theme that has emerged is that dynamic and increasingly problematic parent-child interactions play a key role in potentiating risk for abuse and neglect. Examples of this can be seen in Patterson's (1982) research on growing hostility and coercion in parents' interactions with children, Milner's (1993, 2003) work on increasingly inaccurate information processing as parents perceive, interpret, and respond to their children's behaviour, and Glaser's (2002) observation of negative relational patterns in emotional maltreatment. In such models,

parent-child dynamics are key factors in potentiating risk as they set the relational context for maltreatment to occur and, to the extent that they remain unremitted over time, propel the parent towards increasingly abusive and neglectful behaviour.

Given the importance of parent-child dynamics in understanding child maltreatment, exploration of the dynamics involved in father-perpetrated abuse is a valuable path of investigation. Little is currently known about how maltreating fathers relate to their children and process level models have not yet been specifically developed for, or tested on, these men. A helpful starting point for such an exploration is consideration of how the dynamics included within Glaser's (2002) conceptual framework relate to fathers. Glaser's model proposes a range of problematic parent-child interaction patterns that characterize maladaptive parent-child relationships. Application of such a model would allow for a broad-based approach to understanding the characteristics of maladaptive father-child relationships, and would therefore be ideal for first step in exploring problematic father-child dynamics.

Understanding Maltreating Fathers by Examining Problems in the Father-child Relationship.

In recognition of the need for a more empirically based understanding of these men, the current dissertation applied novel and theoretically grounded approaches to exploring the relational dynamics that potentiate father-perpetrated maltreatment. Drawing on the patterns of interaction highlighted by Glaser (2002), and related knowledge from the child maltreatment and domestic violence literature, Chapter 2 (Manuscript 1) examines five parent-child dynamics: poor emotional connection; negative attribution, harshness, and rejection; developmentally inappropriate expectations and interaction; inappropriate psychological boundaries; and exposure to inter-parental hostility. Data from a moderately large sample of fathers referred for parenting intervention were used to establish the relevance of these dynamics to understanding father-perpetrated abuse. Theoretical and statistical approaches to classification were also applied to discern differential patterns of parenting among fathers. Results yield important insight into the relationships of maltreating fathers and their children and how differences in their problematic interactions may inform both risk assessment and treatment.

An interesting finding that emerged from Study 1 was that fathers' prioritization of needs within the parent-child relationship was consistently associated with how severe their relationship problems were with their children. Past work by Bancroft and Silverman (2002), Scott and Crooks (2004, 2007), and Stewart (2004) has suggested that maltreating fathers lack recognition and prioritization of children's needs for love, respect, and autonomy and that this inability to prioritize needs is primary to their maltreatment of children. This suggestion is consistent with parallel research in the domestic violence literature, where it has been found that men who abuse their intimate partners are characterized by a narcissistic sense of self-importance, feelings of entitlement, over-sensitivity to rejection, and a high need for control (Dutton, 1996, 1998). Research and clinical observation have also shown that abusive men tend to feel that they deserve unconditional love and respect from their families (Bancroft & Silverman, 2002; Scott & Crooks, 2004) and that, when such treatment is not forthcoming, they feel victimized and justified in avenging these slights (Francis, Scott, Crooks, & Kelly, 2002). As feelings of entitlement, self-importance, and subsequent 'victimization' may act as catalysts to abusive behaviour, men's inability to recognize and appropriately prioritize needs within the father-child relationship may be an important factor in understanding how child maltreatment occurs.

To better understand how prioritization of needs may potentiate risk for maltreatment, Chapter 3 (Manuscript 2) examined fathers' "balance of needs" through both theoretical and empirical means. Building on preliminary research by Stewart (2004), the study aimed to revise and re-evaluate a forced choice measure of men's ability to recognize and prioritize parent-child needs. Data from both community and clinically-based samples were explored to ascertain whether men who have engaged in abusive and neglectful parenting behaviour report a more self-centred approach to parenting than their non-abusive peers. Results provide insight into whether or not greater problems with balancing needs are found among maltreating fathers and if they are related to hypothesized constructs, such as lower levels of empathy, higher levels of entitlement, and increased role reversal in the parent-child relationship.

When taken together, the information gathered from the manuscripts of this dissertation helps advance our understanding of father-perpetrated abuse. Insight is gained into several key relational dynamics that characterize men's abuse of children. This work

represents advances in the conceptualization of men's maltreatment of children by moving beyond static risk factors and examining the dynamic, interactional nature of abusive and neglectful relationships. Furthermore, by directly querying men on their relationships with children, these studies move beyond learning about fathers indirectly, or through mother report, and gather insight into the parenting of maltreating fathers from fathers themselves. Through continued exploration of problematic parenting dynamics in the father-child relationship, it is hoped that we can begin to obtain an accurate characterization of maltreating fathers and learn more about how to most effectively promote healthy and safe father-child relationships.

Chapter 2

Although our knowledge of the factors that contribute to child maltreatment has grown steadily over the past five decades, our understanding of risk specific to the father-child relationship remains considerably limited (Dubowitz, 2006, 2009; Guterman & Lee 2005; Haskett et al., 1996). Much of the past research has focused on the role of mothers in maltreatment or has utilized samples consisting of both mothers and fathers without distinguishing which parent perpetrated the abuse (Haskett et al., 1996; Phares, 1996; Pittman & Buckley, 2006). The lack of focus on fathers is surprising given the high rates of father-perpetrated abuse that have been documented (Brewster et al., 1998; Daley & Piliavin, 1982; Dixon, Hamilton-Giachritsis, Browne, & Ostapuik, 2007; Jason & Andereck, 1983; Rosenthal, 1988; Sinal et al., 2000; Stiffman et al., 2002). For instance, results from the second Canadian Incidence Study of Reported Child Abuse and Neglect revealed that, among two-parent families, fathers were perpetrators in 67% of physical abuse cases, 56% of emotional abuse cases, and 88% of exposure to domestic violence cases (Trocmé et al., 2005). Homicide data across 30 years have also consistently shown that the majority of family-related child homicides are committed by fathers (Canadian Centre for Justice Statistics, 2004, 2006). The lack of empirical attention given to fathers is highly problematic, as it has not allowed for a complete and adequate examination of the context in which maltreatment occurs (Muller & Diamond, 1999). Furthermore, little remains known about men who abuse and neglect their children and the best ways to prevent and intervene in their abusive behaviour.

One of the ways we can advance our understanding is by obtaining a more accurate characterization of maltreating fathers. Within the extant literature, fathers who abuse and neglect their children have been largely portrayed as a homogeneous group with a clearly defined set of shared negative characteristics (Kelly & Wolfe, 2004). Clinical descriptions have contributed to this uni-dimensional picture by focusing on men's rigid, authoritarian parenting style, frequent use of power-assertive and coercive parenting strategies, and violent use of force (Bancroft & Silverman, 2002). Emerging empirical studies have also treated maltreating fathers as a homogeneous group by employing methodological designs that primarily compare maltreating fathers against their non-abusive peers (Pittman & Buckley, 2006). This lack of dimension is in contrast to how perpetrators of family violence are more

typically described. In the domestic violence literature, for example, it has been clearly established that men who abuse their intimate partners are a heterogeneous group of individuals who vary along theoretically and practically important dimensions (Cavanaugh & Gelles, 2005; Holtzworth-Munroe & Stuart, 1994). Literature in the domain of child maltreatment has similarly begun to show that abusive and neglectful mothers differ in distinct and meaningful ways (see review below). Given the theoretical convergence of risk factors among these groups of perpetrators (Slep & O'Leary, 2001; Tolan, Gorman-Smith, & Henry, 2006), it seems reasonable to presume that maltreating fathers also vary as a group. Yet, there has been virtually no research conducted to date that has examined the ways in which maltreating fathers differ from one another.

A second way we can further our understanding of maltreating fathers is by examining areas of health and dysfunction in the father-child relationship. Child development researchers have well documented the importance of having a stable relationship with a caregiver who is involved, supportive, and nurturing (e.g., Allen & Daly, 2007; Howe, Dooley, & Hinning, 2000; WHO, 2004). When healthy parent-child relationships are not established, the negative consequences for children are widespread and can lead to a host of developmental concerns (e.g., Boney-McCoy & Finkelhor, 1995; Johnson et al., 2002; Holt et al., 2008; Malinosky-Rummel & Hansen, 1993). One of the most serious of these concerns is the corresponding increase in risk for abuse and neglect (Stith et al., 2009). To prevent such negative consequences, intervention is needed that can directly target the specific relational problems that lead to unhealthy parent-child relationships; however, our understanding of the problems that occur within the father-child relationship remains severely limited.

As a step in advancing our understanding of maltreating fathers and contributing knowledge on how we can promote safe and healthy father-child relationships, the current paper merged these two investigative approaches by exploring the ways in which maltreating fathers differ in the problematic dynamics that characterize their relationships with children. Data from one of the largest samples of maltreating and high-risk fathers collected to date is used to identify problematic patterns of father-child interaction that may potentiate risk for maltreatment. To provide background for this exploration, the history of child maltreatment heterogeneity research is first reviewed as a means of highlighting a recent trend in the

literature towards investigating differences in parent-child interaction using a multivariate approach referred to as cluster analysis. This is followed by a discussion of five problematic parent-child dynamics believed to potentiate risk for abuse in the father-child relationship.

Bridging the past to the present: The history of child maltreatment typologies

From the time child maltreatment was first identified in literature, researchers have worked diligently towards identifying the traits and characteristics that describe parents who maltreat their children. Early efforts (which were largely based on samples of mothers) were focused on finding the common elements that differentiated abusive parents from their non-abusive peers. As research accumulated, it became evident that there was no single description that could unitarily describe the personality, psychopathology, or background characteristics of parents who abuse and neglect children. A number of researchers subsequently redirected their efforts towards identifying meaningful sub-types of abusive and neglectful parents. The rationale for this line of investigation was that, if specific subtypes of maltreating parents existed, the different types of parents may have different motivations for their abusive behaviour, different co-occurring psychological or mental health concerns, and ultimately different treatment needs.

One of the ways in which researchers have investigated perpetrator heterogeneity has been through the development of typologies. Review of the literature in this area reveals that past typology studies have differed in the characteristics investigated, the methodologies used, and consequently the findings that emerged. Many of the earliest studies were focused on the personality characteristics of maltreating parents and precipitating factors of abuse (e.g., Lamar, 1977; Spinetta, 1978) and were based largely on clinical impressions and case studies (e.g., Merrill, 1962; Lamar, 1977; Sloan & Meier, 1983). To a lesser extent, social and economic circumstances were included. Over the years, personality characteristics have continued to remain prominent in classification systems; however, a shift occurred in the methodologies being used. Researchers moved from typologies based on clinical impressions and case studies to those that used standardized measures of assessment and statistical approaches to data analysis (most commonly cluster analysis) (e.g., Francis, Hughes, & Hitz, 1992). The result of these efforts was a wealth of empirically-based information highlighting the many different types of personality characteristics evidenced among maltreating parents.

Building on the advances of the past research, investigators have more recently started exploring parenting attitudes and behaviour as a means of understanding individual differences among maltreating parents. A cluster analysis of behavioural observation data by Oldershaw, Walters, and Hall (1989) revealed three subgroups of parents differentially described as emotionally distant, intrusive, and hostile in their interactions with children. Haskett and Smith Scott (1996) extended this research by including self-reported discipline attitudes in a cluster analysis of behavioural observation data. Results revealed three subgroups similar to those found by Oldershaw and colleagues (i.e., detached, intrusive, and hostile), along with a fourth group that was described as "low negative." This latter group consisted of parents who presented as relatively healthy in their interactions with children, as evidenced by more positive and neutral behaviours than the sample mean and correspondingly less negative behaviour. Studies have not all converged on a three or four group description, however. In their most recent follow-up study, Haskett and colleagues obtained the strongest support for a two-cluster solution: one group that was described as negative, insensitive, and either disengaged or intrusive during parent-child interaction and another group that was warm, positive, sensitive, and engaged (Haskett, Smith Scott, & Sabourin Ward, 2004).

The shift within the heterogeneity literature, from investigating differences in personality characteristics and other more static risk factors to exploring differences in parent-child relational interaction, is advantageous for several reasons. For one, studies based on patterns of harmful interaction are highly theoretically relevant. Many of the current cognitive and behavioural models of maltreatment implicate dynamic and increasingly problematic parent-child interaction in risk for abuse and neglect. For example, Patterson's (1982) work emphasizes growing hostility and coercion in parents' interactions with children, Glaser (2002) highlights negative relational patterns in emotional maltreatment, and Milner (1993, 2003) emphasizes increasingly inaccurate information processing as parents perceive, interpret, and respond to their children's behaviour. In models such as these, parent-child dynamics are key factors in potentiating risk, as they set the relational context for maltreatment to occur and, to the extent that they remain unremitted over time, propel the parent towards increasingly abusive and neglectful behaviour.

Along with being theoretically relevant, typologies based on parent-child dynamics have the potential to yield clearer treatment implications than those based on static risk factors. Problematic interaction patterns in the parent child dyad can be directly targeted in cognitive, behavioural, and dyadic treatment approaches and are therefore more amenable to change than the more static risk factors, such as personality, parental history of maltreatment, and economic circumstances. By acquiring information on the different ways in which maltreating parents interact with their children, dynamically based typologies can help clinicians in tailoring their treatment approaches to the specific needs of individual parent-child dyads. Continued research into differences in relational dynamics therefore has the potential to inform our understanding of how to help promote healthy and safe parent-child relationships.

New Directions: Examining Problematic Dynamics in the Father-Child Relationship

There are several ways we can continue to build on our understanding of the diverse ways in which maltreating parents relate to their children. One is by broadening research samples to include fathers. To date, there has been virtually no research that has specifically examined the ways in which maltreating fathers differ from one another. Much of the past research has focused on mothers and, when fathers have been included in the samples, mothers have significantly outnumbered fathers. For instance, in the study by Haskett and colleagues (2004), fathers represented only 12 percent of the abusive sample. This bias in the heterogeneity literature is problematic when considering fathers because the risk factors for father-child maltreatment likely differ somewhat from those for mother-child maltreatment. For instance, an emerging concern for fathers that does not overlap with risk for mothers is perpetration of domestic violence. Studies show that men who abuse their intimate partners are at increased risk for perpetrating child physical abuse, neglect, and more severe and chronic forms of maltreatment (Cavanagh, Dobash, & Dobash, 2007; Dixon et al., 2007; Hartley, 2004; Yampolskaya, Greenbaum, & Berson, 2009). Other key risk factors may also differentiate maltreating mothers and fathers (Pittman & Buckley, 2006) and, for this reason, we cannot simply assume that findings within in the existing heterogeneity literature apply equally to fathers.

A second way to advance the knowledge base is by exploring an expanded range of parent-child dynamics. Typology research has thus far identified between two to four

distinct patterns of interaction among abusive parent-child dyads; however, it is plausible that the range may be even larger than that captured by previous studies. Methodologically, these studies were based on combinations of behavioural observation and self-reported parenting attitudes and it is possible that other data collection techniques, such as semi-structured interviewing, may be able to detect dynamics not captured through past methodologies. Theoretically, frameworks of abuse and neglect (e.g., Glaser, 2002) have suggested additional categories of problematic parent-child interaction not currently evidenced in the heterogeneity literature.

One interesting avenue for continued exploration is consideration of the work by Danya Glaser (2002). Within the emotional abuse and neglect literature, Glaser has proposed a conceptual framework that outlines five patterns of problematic parent-child interaction that characterize maladaptive parent-child relationships. This framework is particularly salient to the current work as three of the clinically derived categories overlap substantially with previous findings in the child maltreatment heterogeneity literature. More specifically, Glaser's categories of (a) emotional unavailability and unresponsiveness, (b) negative attribution, harshness, and rejection of a child, and (c) failure to recognize a child's individuality and psychological boundary map onto the (a) detached, (b) hostile, and (c) intrusive groups identified by Oldershaw, Walters, and Hall (1989) and Haskett and Smith Scott (1996). A fourth category proposed by Glaser not currently captured in the heterogeneity literature is that of developmentally inappropriate expectations and related interaction. This category captures parents whose expectations of children are not consistent with their children's developmental abilities and who subsequently interact with their children in developmentally inappropriate ways. The final, fifth category suggested by Glaser is failure to promote children's social adaptation, defined in terms of the extent to which the caregiver considers and recognizes the child's needs for social interaction outside the family. For fathers, who still tend to have less involvement in the day-to-day decision-making around children's activities, a potentially more relevant category may be interactions which expose children to hostile inter-parental relations; or, stated differently, men's socialization of children in the mother-child relationship. As previously noted, the perpetration of domestic violence is a well-established risk factor for men's maltreatment of children (Cavanagh et al., 2007; Dixon et al., 2007; Hartley, 2004; Yampolskaya,

Greenbaum, & Berson, 2009) and a key risk factor that differs from those identified for mothers. Understanding how this area of risk differentially relates to men's abuse and neglect of children is therefore important in obtaining a full picture of the context in which father-perpetrated maltreatment occurs.

In addition to overlapping with past findings in the heterogeneity literature and adding new dynamics for consideration, each of the five problematic parent-child interaction patterns outlined above [(a) emotional unavailability and unresponsiveness; (b) negative attribution, harshness, and rejection of a child; (c) developmentally inappropriate expectations and interaction; (d) failure to recognize a child's individuality and psychological boundary; (e) and exposure of a child to hostile or abusive interparental relations] has been supported in empirical studies of risk factors for child maltreatment (which predominantly studies mothers) and in emerging literature on risk for father-child abuse and neglect, as reviewed below.

Emotional unavailability and unresponsiveness. There is considerable evidence in the literature that risk for maltreatment increases when there is an absence of a close and responsive relationship between a parent and child. Research has shown that physically abusive and neglectful mothers interact with their children less frequently than non-abusive mothers and, when they do interact with their children, the interactions are less positive and of lower quality (Schumacher, Slep, & Heyman, 2001). A lack of parental warmth has also been found among mother-child dyads and has been shown to predict the occurrence child neglect, even after parent difficulties, social disadvantage, and child difficultness are controlled for (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). The inconsistent maternal responsiveness associated with such emotional unavailability and unresponsiveness further creates an environment that is insensitive to child needs (Howe et al., 2000) and increases risk for maltreatment.

Preliminary work with fathers has begun to show that unhealthy father-child relationships are similarly marked by poor emotional connection. Researchers have found low levels of paternal warmth and involvement in samples of maltreating and at-risk fathers and have highlighted these as risk factors for both child physical abuse and neglect (Brown, Cohen, Johnson, & Salzinger, 1998; Locke & Newcomb, 2004). Low levels of paternal involvement have also been evidenced in samples of fathers who have abused the mothers of

their children (Holden & Ritchie, 1991; Johnston & Campbell, 1993). Although identified for spouse abuse, these men describe feeling disconnected from their children and many yearn for closer parent-child relationships (Perel & Peled, 2008).

Negative attribution, harshness, and rejection of the child. The second problematic dynamic under consideration involves an interactive combination of negative beliefs and interpretations about the child and high levels of parental harshness and rejection. Negative parental attributions for child misbehaviour have long been implicated in risk for maltreatment (Stith et al., 2009). Parents who abuse and neglect their children are more likely than their non-abusing peers to see their children as difficult and attribute their child's ambiguous and unruly behaviour to intentional deviance (Dadds, Mullins, McAllister, & Atkinson, 2003; Bugental et al., 1989). When combined with anger, these negative beliefs and interpretations can lead to coercive cycles that ultimately result in hostile parent-child relationships. Parents who are hostile towards their children show a tendency towards being angry, unsupportive, and insensitive to their children's needs, while also frequently expressing negative emotion (e.g., insults, yelling) and rejection (Rubin & Burgess 2002; Schaefer 1965). The parent-child relationship then becomes characterized by intolerance, inconsistent and harsh discipline, and poor recognition of children's appropriate behaviour (Chaffin, 2006; Hakman, Chaffin, Funderburk, & Silovsky, 2009).

Emerging research on maltreating fathers has begun to establish the importance of negative attribution, harshness, and rejection in understanding their abuse and neglect of children. Francis and Wolfe (2008), for example, found that physically abusive fathers were more likely than non-abusive fathers to perceive their children as "difficult" (i.e., "demanding, not adaptable, and difficult to manage") and view their children's emotional displays in a negative and threatening manner. These men also reported higher scores on measures assessing hostility and the experience of intense angry feelings. The authors argue that, when combined with other mental health concerns, such as depression and paranoia, paternal hostility may lead fathers to form quick, negative attributions about their children's actions and consequently engage in behaviour reflecting these attributions.

Developmentally inappropriate expectations and interaction. The third pattern of maladaptive parenting evidenced among abusive and neglectful parents is one that involves developmentally inappropriate expectations and related interaction. Within the clinical

literature, maltreating parents with a lack of age-appropriate knowledge regarding care giving, discipline, and child development have been described as having inappropriate expectations of their children (Glaser, 2002). This clinical observation has been supported in the empirical literature, as maltreating parents have been shown to be more likely than their non-abusive peers to make attributional errors that include unrealistic emotional, physical, and/or social expectations of their children (Azar & Rohrbeck, 1986). When combined with perceptual biases (e.g., over-attributing hostile intent to children) and rigid parenting, these inappropriate expectations lead parents to view a wide range of behaviour as intentionally hostile or antagonistic (Bugental et al., 1989). Risk for maltreatment then increases as parents respond to what they perceive to be intolerable and unmanageable behaviour (Milner, 2003).

With regard to father-specific research, maltreating fathers have similarly reported more inappropriate expectations of children than normative controls (Perry, Wells, & Doran, 1983). They also report more rigid attitudes about child behaviour than both non-maltreating parents and maltreating mothers (Pittman & Buckley, 2006). In the most extreme cases of child maltreatment involving child homicide, a low tolerance for normal childhood behaviours has been further observed (Cavanagh et al., 2007).

Failure to recognize a child's individuality and psychological boundary. The fourth dynamic with implications for understanding child maltreatment relates to inappropriate psychological boundaries between parent and child. Poor boundaries occur when a parent fails to recognize, acknowledge, or respect the child's individuality and autonomy. A lack of proper boundaries can result in role reversal or parentification when the child is put in the position of being a caretaker to the parent and is used to fulfill the parent's own psychological needs (Alexander, 2003; Burkett, 1991; Jurkovic, Jesse, & Goglia, 1991). In some cases, the maltreating parent may not be able to "distinguish between the child's reality and the adult's belief's and wishes" (Glaser, 2002, p. 704). This problematic parenting dynamic has similarly been identified in the literature on divorcing families, wherein parents use their children as a means of fulfilling their own emotional needs during parent separation (Wallerstein, 1985; Johnston, 1990).

For maltreating fathers, problems related to weak parent-child psychological boundaries have been written about in clinical descriptions (e.g., Scott & Crooks, 2004;

Bancroft & Silverman, 2002), but less often investigated empirically. One exception is a study by Johnston and Campbell (1993), wherein researchers found that fathers who exposed their children to the abuse of their mothers presented with poor parent-child boundaries. Johnston and Campbell (1993) also described the more rare case of psychosis-triggered violence where, due to a lack of psychological separation between parent and child, men's children get caught up in their delusions and are harmed as a result.

   Exposure of a child to hostile or abusive interparental relations. The final parent-child dynamic with implications for paternal risk of maltreatment relates to interactions that involve exposure of a child to hostile or abusive interparental relations. At the broadest level, family conflict and low family cohesion are two key variables known to increase parents' risk for maltreating their children (Stith, 2009). Marital hostility, conflict, and aggression are particularly relevant factors as all three have been shown to be strong correlates and prospective predictors of child physical and emotional abuse (e.g., Dixon et al., 2007; Edleson, 1999; Salisbury et al., 2009; Smith Slep & O'Leary, 2005). Domestic violence and child maltreatment are also known to frequently co-occur (Appel & Holden, 1998; Edleson, 1999; Smith Slep & O'Leary, 2005), meaning that a significant number of children who are the direct victims of abuse and neglect also witness distress, discord, and violence in the parent relationship. As a result, the effects of the abuse children experience are amplified (Turner, Finkelhor, Ormrod, & 2010). Even when there is no overlap, children who are exposed to domestic violence, but not "directly" abused, are at serious risk for problems in mental health and general well-being (Jaffe, Wolfe, & Wilson, 1990; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), in part because there is a range of harmful fathering behaviours that frequently co-occur with men's perpetration of domestic violence (Bancroft & Silverman, 2002). As examples, spouse abusing men may undermine the authority of their children's mothers, use their children as tools or pawns to indirectly harm their mothers, mistreat or deliberately endanger their child as a means of retaliating against mothers, and/or use the child to monitor the mother and report information back to them (Bancroft & Silverman, 2002; Edleson et al., 2007; Scott & Crooks, 2004). All of these behaviours can have serious negative implications for children and are therefore important to consider when examining the parenting dynamics of men who abuse and neglect their children.

Exploring Heterogeneity in the Problematic Dynamics in the Father-Child Relationship

While the literature provides beginning support for the relevance of these five parent-child dynamics to understanding men's risk for child maltreatment, questions remain with regard to whether or not these patterns of parenting characterize all abusive and neglectful fathers, or if specific subgroups of fathers exist that present with varying combinations of problems. Given the multi-determined nature of parent-child relational problems, it is likely that maltreating fathers do vary in the relational problems that characterize their relationships with children. Research in the heterogeneity literature has identified between two to four different patterns of parenting among predominantly female samples, which range from a "good versus bad" dichotomy (i.e., Haskett et al., 2004) to multiple distinct patterns of parenting (i.e., Oldershaw et al., 1989; Haskett & Smith Scott, 1996). Theoretical literature has suggested that, when more than one problematic dynamic is present in any given parent-child relationship, a predominating dynamic can be determined that characterizes the abuse (Glaser, 2002). For example, when a relationship is impacted by both negative attributions towards the child and a lack of emotional connection, the negativity that the parent has about the child "drives" the lack of connection and may be considered as predominant. It seems plausible then that fathers may be differentiated by the type of problematic dynamic most evident in their parent-child relationships. To determine if this is true, research is needed to explore the ways in which maltreating fathers vary in the relational dynamics that characterize their relationships with children.

Purpose of Study

In light of the literature reviewed, the goal of the current study was to explore diversity in the dynamics that characterize abusive and neglectful father-child relationships. Using data from a moderately large sample of fathers clinically referred for concerns of maltreatment, different patterns of parenting were discerned using both theoretical and statistical approaches to classification. Groups were created based on men's functioning in the five areas of parent-child difficulty previously described: emotional unavailability, unresponsiveness, and neglect; negative attributions and misattributions towards the child; developmentally inappropriate or inconsistent interactions with the child; and failure to recognize or acknowledge the child's individuality and psychological boundary; hostility and conflict in the father-mother relationship. Given the exploratory nature of the theoretical and

clustering techniques employed, there were no a priori hypotheses; however, it was anticipated that multiple clusters would emerge based on the predominant problem evidenced in men's relationships with their children. Resulting groups were compared on a large number of risk factors established in the literature (e.g., demographics, hostility, aggression, interpersonal reactivity, conflictual parent relationships) to further evaluate the validity of the groups that emerged.

Method

Participants

Participants were recruited from *Caring Dads: Helping Fathers Value their Children*, a group intervention program for fathers who have abused or neglected a child. In total, a sample of 121 men was drawn from 15 intervention groups over a period of 1.5 years. Consent rate for the sample was 81%. All of the intervention groups were run by a single community organization located in a mid-sized urban city in southwestern Ontario.

Participating fathers ranged in age from 18 to 58 years and were an average age of 33.36 ($SD = 8.31$). The majority of men identified their ethnicity as Canadian (77%). The remaining men identified themselves as European (6%), African Canadian/Jamaican (4%), First Nations (3%), Latino/Hispanic (2%), Middle Eastern (2%), or Asian (1%). Varying levels of education were reported among the men, with 44% of the men reporting that they did not complete high school, 30% reporting that they received a high school diploma, and 23% reporting post secondary education. Employment status was also variable, such that 46% of the men worked full time, 13% worked part-time or were self-employed, and 38% were unemployed.

For the purpose of completing self-report measures, fathers with more than one child ($n = 99$) were instructed to report on the child with whom they felt they had the most conflictual or difficult relationship. Children about whom men reported ranged in age from 1 month to 17 years and were an average age of 7.06 ($SD = 4.84$). The gender distribution among the children was relatively equal, with 46% of the children identified as male and 54% identified as female. The majority of children were biologically related to their fathers (72%). Twenty-five percent of the children were stepchildren and three percent were either a grandchild or the nature of the father-child relationship was not stated.

Measures

Demographic Form and Intake Information. Basic demographic information was collected via a pen and paper questionnaire that asked participants about their age, ethnicity, education, employment, children, past arrests for assault, frequency of physical punishment experienced as a child, exposure to domestic violence as a child, and past participation in batterer intervention programs. To obtain information on participants' alcohol use, the CAGE Alcohol Abuse Screening Measure (CAGE; Ewing, 1984) was included within the

demographic form. The CAGE is a 4-item self-report measure that asks respondents about their drinking behaviour. Each item is scored 0 (i.e., *no*) or 1 (i.e., *yes*) and the item scores are summed to yield a total score that ranges from 0 to 4. Higher scores are indicative of greater problems with alcohol and a total score of two or more is considered clinically significant. Although the CAGE is not considered to be a diagnostic tool, research has shown the measure to have good sensitivity and specificity (Bernadt, Mumford, Taylor et al., 1982; Dhalla & Kopec, 2007; Malet, Schwan, Boussiron, Aublet-Cuvelier, & Llorca, 2005). The CAGE has also been well validated (Dhalla & Kopec, 2007; Malet et al., 2005) and is one of the most widely used screening measures for alcohol abuse. To determine the frequency with which men consumed alcohol, questions regarding alcohol consumption were included after the CAGE.

Information regarding men's referral for treatment was collected through review of men's clinical files. Two pieces of information were collected: referral source and reason for referral. This information was obtained from open-ended questions on a clinical intake sheet regularly used by the community agency running the treatment program. Responses related to referral source were coded into the following categories: Children's Aid Society, Probation/Court Order, Community Mental Health Worker, Batterer Intervention Program, Self Referral, and Other (i.e., Physician, Female Partners). Clinician notes regarding reason for referral included: Domestic Violence, Physical Abuse, Neglect, Sexual Abuse, Emotional Abuse, Addiction, Mental Health Concern, Denial of Impact on Children, Legal Implications, and Parenting Deficits. Data on reason for referral were not always available in men's files, or if available, were not detailed enough to code reason for referral. For these reasons, data on reason for referral were available for only about half of the sample (*n* = 69). Given the non-standardized way in which these data were collected, and the lack of information for the complete sample, reason for referral information was used for descriptive purposes only.

Risk Interview Schedule for Children (RISC: Scott, 2002). To assess father–child relationship difficulties, participants completed a semi-structured clinical interview designed to evaluate parents' interactions with their children (see Appendix A). The interview was first developed as part of a child maltreatment assessment protocol at a large children's hospital in Ontario (Scott & Coolbear, 2001) and has been modified for use in both clinical (Eliav, 2008) and research (Scott & Crooks, 2007; Stewart, 2004) settings. Informed, in part,

by Glaser's (2002) conceptual framework of emotional abuse and neglect, the interview taps five areas of harmful parenting behaviour: I) Emotional unavailability, unresponsiveness, and neglect; II) Hostility, denigration, and rejection of a child who is perceived as deserving these; III) Developmentally inappropriate interactions with children; IV) Failure to recognize a child's psychological boundary; and V) Exposure of a child to hostile interactions with the child's mother and/or undermining the mother-child relationship. Each of the five constructs included in the RISC is represented in a separate subscale of the interview and is explored through a series of open-ended questions. The respondent's answers are recorded verbatim and used to make a clinical judgment on the degree of health or dysfunction (1 = *healthy development* to 5 = *high level of concern*) in the parent-child relationship. Inter-rater agreement of 90% has been established for an earlier, but similar, version of the RISC (Stewart, 2004). For the current study, inter-rater reliability tests indicated slightly lower agreement at a rate of 84% (see Appendix B).

Evidence for the validity of the RISC has been found in several studies. In an ongoing series of investigations, RISC ratings have been shown to converge with behavioural observations of parent-child interaction and accurately differentiate abusive from non-abusive parents (Scott, 2005). Research has also shown the RISC to be related to several risk factors associated with abuse including parenting stress (Stewart, 2004), poor appreciation of the impact of negative events on children (Barotas, 2004), decreased ability to accept responsibility for abusive behaviour (Barotas, 2004), rigidity, and problems with family members and others (Stewart, Barotas, & Scott, 2004). Finally, the modified hospital-based version of the interview (Eliav, 2003) has been shown to reliably distinguish between high and low risk-for-abuse parent groups and has been related to experts' judgment on the need to refer families to child protection services (Eliav, 2008).

Aggression Questionnaire (AQ; Buss & Perry, 1992). To assess fathers' levels of hostility, men completed the AQ: a 29-item self-report measure of hostility and aggression (See Appendix C). Respondents are asked to rate how characteristic each item is of themselves using a five-point scale that ranges from 1 (i.e., *extremely uncharacteristic of me*) to 5 (i.e., *extremely characteristic of me*). The item scores are summed together for total Aggression score and can be separated into four subscale scores that measure Anger (seven items), Hostility (eight items), Verbal Aggression (five items), and Physical Aggression (nine

items). Higher scores are indicative of higher levels of aggression. Empirical studies have shown the AQ to have moderate to high internal consistency (Buss & Perry, 1992; Harris, 1997; Gerevich, Bacskai, & Czobor, 2007), adequate stability over time (Buss & Perry, 1992; Harris, 1997), and good concurrent validity with other measures of anger, aggression, and hostility (Harris, 1997; Williams, Boyd, Cascardi, & Poythress, 1996; Davis, 1983). Internal consistency values for the current sample were .95 (Total AQ Score), .85 (Anger), .84 (Hostility), .70 (Verbal Aggression), and .88 (Physical Aggression).

Interpersonal Reactivity Index (IRI; Davis, 1980; 1983). The IRI is 28-item self-report measure designed to evaluate the cognitive and affective dimensions of empathy (see Appendix D). Respondents are asked to rate each item on a scale that ranges from 0 to 4, where 0 "*does not describe me very well*" and 4 "*describes me very well*." The items are grouped into four 7-item scales that reflect different aspects of empathy: perspective taking, fantasy, empathetic concern, and personal distress. Following the work of Francis and Wolfe (2008), items were modified in order to specifically appraise the father's approach to his child, rather than to a friend or someone else [e.g., I sometimes find it difficult to see things from (my child's) point of view]. Higher scores on each of the subscales are indicative of greater levels of empathy. Previous research has demonstrated internal reliabilities ranging from .71 to .77 (Davis, 1980) and support for the convergent and discriminant validity of the measure has been obtained (Davis, 1983). In the current sample, the alpha coefficient reliabilities were .82 (Perspective-taking), .69 (Fantasy), .57 (Distress), and .54 (Empathy). Items with low item-total correlations on the Empathy (item 13) and Distress (items 2 and 4) subscales were removed from further analyses. The resulting alpha coefficients for these two subscales were .63 (Distress) and .66 (Empathy).

Parenting Alliance Measure (PAM; Abidin & Konold, 1999). The PAM is a 20-item self-report measure designed to evaluate the perceived child-rearing alliance between two parents (see Appendix E). Using a five-point scale that ranges from "*strongly agree*" to "*strongly disagree,*" respondents are asked indicate their level of agreement or disagreement with a series of statements that address how cooperative, communicative, and mutually respectful they are with regard to co-parenting their child (e.g., "When there is a problem with our child, we work out a good solution together."). The item scores are summed to yield a total Parenting Alliance score and can also be separated into two subscale scores that

provide measures of Communication and Teamwork (17 items) and Respect for the Other Parents' Commitment and Judgement (three items)(Konold & Abidin, 2001). Higher scores are indicative of a stronger and more positive parenting alliance. Good internal consistency, test-retest reliability, and construct validity have been reported by the authors (Abidin & Konold, 1999; Konold & Abidin, 2001). In the current sample, internal consistency values were .94 (Total Parenting Alliance), .94 (Communication and Teamwork), and .79 (Respect).

Balance of Needs Measure (BONM; Stewart, 2004). The BONM is a 27-item self-report measure designed to evaluate men's recognition and prioritization of needs within the father-child relationship. Formatted as a forced choice measure, each item consists of one statement that emphasizes parent needs (e.g., I should be able to have time away from my child so that I may do things that I enjoy) and one statement that emphasizes child needs (e.g., I should praise my child even when he or she is not doing well at something). Respondents are required to read each pair of statements and choose the one statement they believe in, or associate with, more strongly. Each item is coded 1 if the parent-centred statement is chosen and 0 if the child-centred statement is chosen. The items are grouped into two subscales: one that taps parents' balancing of image/emotional needs and the other tapping parents' balancing of personal needs. The number of parent-centred items endorsed in each subscale is summed to yield two scores that represent the extent to which parents put their own needs ahead of those of their children. The BONM has been shown to have adequate to good reliability, internal consistency, and construct validity (Stewart, 2004). Consistent with the psychometric findings of Stewart (2004), only 19 items on the measure were analyzed. In the current sample, the alpha coefficient reliabilities were .72 (Image-Emotional Needs) and .65 (Personal Needs). For further information see Study 2.

Procedure

The procedures used to complete the study were in accordance with the ethical standards of the Tri-council Policy Statement on Ethical Conduct for Research Involving Humans and were granted approval by the Education Ethics Review Committee of the University of Toronto (see Appendix F).[1] Approval was also obtained from the community agency that hosted the *Caring Dads* intervention program from which the data were

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[1] Ethical approval for the current study was obtained as part of an application for a larger study designed to evaluate the *Caring Dads* treatment program for fathers.

collected. All of the fathers who completed intake for the program were informed of the study and given detailed information regarding the procedures and ethical issues related to participating. As part of this process, participants were clearly informed that their participation in the research study was independent of their participation in the clinical component of *Caring Dads* and that their research participation would not impact their progression through treatment.

Following the consent procedures, clinically trained intake staff administered the RISC to participating fathers. Given that the RISC was a standard component of the program's intake procedure at the time of the study, all of the interviewers had experience administering and scoring the measure. After the interview was completed, participants completed the self-report measures in the following order: Demographic Form, Aggression Questionnaire, Parenting Alliance Measure, and Interpersonal Reactivity Index.[2] A subset of 25 men also completed the Balance of Needs Measure following the Interpersonal Reactivity Index. Information related to men's referral to the program (i.e., referral source, reason for referral) was obtained from men's files. No compensation was received for participating in the study.

Data Analyses

Analyses were conducted in two phases. The first phase included an exploratory analysis of the demographic and background characteristics of the abusive and at-risk fathers, as well as an examination of men's functioning in each of the five areas of potentially problematic parenting interaction. The second phase examined heterogeneity among the fathers by exploring underlying patterns of abusive parenting using theoretical and empirically based approaches. The methods for each phase are noted here within and are further explained within the results section where appropriate.

Phase 1: Descriptive Analysis of Fathers and their Relationship Dynamics with Children. A series of descriptive and bivariate analyses was conducted as a means of exploring the presenting characteristics of the abusive and at risk fathers and the relationships they have with their children. Prior to conducting analyses, mean substitution was used to replace missing values in cases where 15 percent or less of the items on any given self-report

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[2] For the purpose of the concurrent study, men completed an additional 16-item self-report questionnaire designed to measure motivation for change (i.e., *Your Views about the Program;* Scott, unpublished). This measure was administered as the last questionnaire and was not analyzed as part of the current study.

measure were missing. All of the analyses were run using the Statistical Package for Social Sciences - Version 18 (SPSS 18.0) and were exploratory in nature, such that they examined a host of variables without explicit a priori hypotheses. A combination of chi-square, *t*-test, and analyses of variance (ANOVA) techniques was used to complete the bivariate analyses. Given the large number of analyses required to fully explore the characteristics of the sample, the likelihood of type one errors was increased. Although it is recognized that some of the significant findings may be spurious, corrections were not applied because the primary intent was to explore potential relationships among the variables for future research. Results were therefore considered significant at a probability of less than .05.

   Phase 2: Exploration of Heterogeneity and Underlying Patterns of Parenting. In the second phase of the study, theoretical and empirically-based approaches to classification were used as a means of exploring heterogeneity among the maltreating fathers and detecting different patterns of abusive and neglectful parenting. Fathers were first theoretically categorized into groups based on the predominant area of problematic parent-child interaction evident from their scores on the RISC. The decision rules used to create these groups are discussed in detail within the Results section. Following the theoretical approach, cluster analysis was used to explore the presence of naturally occurring groups within the data. Cluster analysis is a multivariate statistical procedure used to identify relatively homogeneous groups of cases based on similarities in selected variables. The analysis was performed on the basis of the men's interview ratings using SLEIPNER 2.1, a specialized statistical package designed for cluster analysis. Clusters were initially estimated using the weighted average method with squared euclidean distance as the proximity index and re-estimated using the relocation procedure. Examination of the cluster dendogram, differences in explained error sums of squares (i.e., EESS values), and homogeneity coefficients suggested a 3-cluster solution. Follow-up analyses, which included chi-square, *t*-test, and analysis of variance (ANOVA) techniques, were used to compare case characteristics among the resulting clusters.

Results

Exploration of the relationships that maltreating and at-risk fathers have with their children was accomplished through two phases of data analysis and the results are described within the following four sections. In the first section, a detailed description of the fathers and their family compositions is provided. This is followed by the second section, which explores men's functioning in each of the five areas of problematic parenting previously described. The third section details the results of a theoretically-based approach to classification that aimed to identify subgroups of fathers based on the type of problematic parenting dynamic most evident in their relationships with children. The fourth, and final, section presents results from a statistically-based approach to classification that aimed to identify naturally occurring subgroups among the men.

Descriptive Information

The 121 men who participated in the study were identified as abusive or at risk for abuse by virtue of their enrollment in an intervention program for fathers who have abused or neglected a child. As seen in Table 1, the majority of men were referred for treatment by either the Children's Aid Society (58%) or through probation and court services (25%). The primary reason for referral varied among the men ($n = 69$), with the largest percentage of fathers (60.9%) referred for emotional abuse via exposure of their children to domestic violence, either alone or in combination with other forms of abuse. Fewer men were referred for reasons related to physical abuse, emotional/verbal abuse, sexual abuse, and neglect (see Table 1).

Demographic and Background Characteristics. Table 2 presents a summary of the case characteristics of participating fathers. The frequency with which men reported being "drunk" in the previous month was relatively low, with the majority of men (70%) indicating that they had not been drunk in the past month. Of those who did report drinking heavily, the most frequent consumption amount was one or two times per month. Men's responses to the CAGE suggested that 18% experienced clinically significant problems with alcohol. Personal histories of violence were reported by a large number of men. In particular, men reported having experienced physical punishment in childhood and adolescence (78%), as well as exposure to domestic violence (43%). Past arrests for assault (59%) and attendance at batterer intervention programs (33%) were also common.

Table 1

Referral Information for Participating Fathers

Characteristic	*n*	%
Referral source (*N* = 121)		
Children's Aid Society	70	57.9
Probation/Court Order	30	24.8
Community Mental Health Worker	7	5.8
Batterer Intervention Program	6	5.0
Self Referral	6	5.0
Other (i.e., Physician, Female Partner)	2	1.7
Individual areas of concerns reported by referral source (categories may co-occur) (*n*=69)		
Domestic Violence	42	60.9
Addiction	20	29.0
Physical Abuse	17	24.6
Mental Health Concerns	15	21.7
Emotional Abuse	14	20.3
Denial of Impact on Children	8	11.6
Legal Implications	6	8.7
Parenting Deficit	6	8.7
Sexual Abuse	5	7.2
Neglect	3	4.3

Table 2

Demographic Information at Intake (N = 121)

Characteristic	*n*	%
Highest Level of Education		
Grade School	8	6.6
Less than High School	46	38.0
High School	36	29.8
College	12	9.9
Trade or Vocational School	12	9.9
University (BA and Graduate)	4	3.3
Employment		
Full Time	56	46.3
Part Time	9	7.4
Self-employed	7	5.8
Unemployed	46	38.0
Alcohol Intake		
Never "drunk" in the past month	85	70.2
Drunk 1 or 2 times over the past month	25	20.7
Drunk 1 or 2 times per week	6	5.0

Table 2 continued

Demographic Information at Intake (N = 121)

Characteristic	*n*	%
Experienced Physical Punishment in Childhood		
More than 3 times	69	57.0
2 to 3 times	18	14.9
1 time	7	5.8
Never	21	17.4
Witnessed Domestic Violence in Childhood	52	43.0
Previously Arrested for Assault	71	58.7
Attended Batter Intervention Program	41	33.0
Involved with Probation Services at Intake	57	47.1

Family Information. Information regarding men's families revealed a variety of, often complex, family compositions. The majority of men reported that they were involved in the parenting of multiple children (*M* = 3.07, range 1 to 10). Almost all men had at least one biological child (98%; range 1 to 8 children) and nearly half reported being involved in the parenting of stepchildren (43%; range 1 to 5 children). A small number of men were also involved in parenting grandchildren (<1%) or foster children (<1%). At the time of referral to treatment, 28% of men were living with their child, 12% saw their child 3 to 6 times per week, 21% saw their child 1 to 2 times per week, and 31% saw their child less than once a week.

Although information regarding the children's mothers was limited, data revealed that 36% of men were living with the mother of their child. Of these men, one third (33%) also had children living with a different mother. Several of the cohabitating mother-father pairs (11%) did not live with any of their children and in 9% of cases men lived with a child, but no partner.

Section 2: Bivariate Exploration of Psychosocial Functioning in the Father-Child Relationship

Fathers' relationships with their children were examined via semi-structured interviews. Given that the RISC interview was not designed to assess dynamics in the parent-infant relationship, only men with children aged three and above (*n* = 81) were included in analyses. As would be expected, men's interview responses indicated varying

levels of problematic parenting among the fathers (Table 3). Variability was also evidenced within each of the five individual parent-child dynamics assessed (i.e., emotional connection, hostility towards child, developmental expectations, psychological boundaries, and mother-father relationship). The distribution of ratings across these dynamics (Table 4) indicated that the most frequent area of concern among fathers was lack of emotional connection to children (72.8%), followed by problems with psychological boundaries (67.6%), hostility in the parent-child relationship (60.1%), and exposure of the child to inter-parental hostility (58.2%). The area with the least noted concerns was developmentally inappropriate expectations and interaction (33.9%).

To gain further insight, each of the five areas parent-child psychosocial functioning measured by the RISC was explored in detail. This was accomplished through a series of exploratory descriptive and bivariate analyses that aimed to examine relationships among the five RISC constructs and each of the variables previously identified in the descriptive results section [i.e., father's age, education, employment, alcohol use (CAGE), frequency of alcohol intake, experience of domestic violence as a child, arrest for assault, attendance at a batterer intervention program, probation involvement, child's age, child's gender, father's relationship to child, father living with child, frequency of visitation, father living with child's mother]. Additional psychosocial variables that were explored included: fathers' aggression (including physical aggression, verbal aggression, anger, and hostility), interpersonal reactivity, ability to balance parent and child needs (including image-emotional and personal needs), and parenting alliance with their children's mothers (including communication and teamwork and respect for the other parents' commitment and judgement). Given the exploratory nature of the study, significance levels were determined on the basis of a less conservative p-value (i.e., .05). This was done because of the goal of the analyses was to identify trends in the data that may inform future research. Significant findings are reported here within and a full table of results is presented in Appendix G.

Emotional unavailability and unresponsiveness. The first parent-child dynamic that was examined was emotional availability and responsiveness. Descriptive analyses revealed that approximately one quarter of the fathers were rated by interviewers as

Table 3

Descriptive Results for RISC Constructs and RISC Total Score

RISC Construct	*n*	range	*M*	*SD*
Emotional connection	80	1 – 5	2.98	1.09
Hostility towards child	80	1 – 5	2.80	.89
Developmental expectations	74	1 – 5	2.41	.83
Psychological boundaries	74	1 – 5	2.86	.80
Exposure to father-mother hostility	79	1 – 5	2.76	.96
RISC Total	73	7 – 22	13.70	3.35

Table 4

Percentage of Case Ratings across RISC Constructs

RISC construct	Above average development	Average development	Some concern	Fair degree of concern	High level of concern	*n*
Emotional connection	11.1	16.0	46.9	16.0	9.9	81
Hostility towards child	3.8	36.3	40.0	16.3	3.8	80
Developmental expectations	5.4	60.8	25.7	4.1	4.1	74
Psychological boundaries	2.7	29.7	47.3	18.9	1.4	74
Father to mother hostility	7.6	34.2	36.7	17.7	3.8	79

having a healthy emotional connection with their child (11% had a strong, positive connection; 16% had an average connection). Forty-seven percent of the men reported parent-child bonding that seemed adequate; however, there was at least one reason to believe that the father was emotionally out of touch with his child. The remaining 26% of men reported more clinically concerning levels of connectedness (16% were somewhat emotionally unavailable to their child; 10% were clearly emotionally unavailable and unresponsive). These fathers appeared to have little knowledge of their child's interests,

hopes, and/or activities and the emotional connection between the father and child seemed tenuous.

Exploration of relationships between men's emotional connection and other demographic and psychosocial variables revealed a few significant findings. First, difficulties with emotional connection were observed to increase with children's age [$r(81) = .23, p = .04$]. Poorer levels of connectedness were also related to increased hostility towards the child and problems maintaining appropriate psychological boundaries (Table 5). Men who struggled with feeling emotionally connected to their children also displayed greater difficulty with balancing personal needs in the parent-child relationship [$r(22) = .42, p = .05$] and feelings of hostility in their relationships with others [$r(77) = .23, p = .04$]. Men who had previously attended treatment for violence against an intimate partner reported healthier levels of emotional connection with their children ($M = 2.58, SD = 1.21$) than did men who had not attended such a program [($M = 3.16, SD = 0.98$), $t(79) = -2.34, p = .022$].

Negative attribution, harshness, and rejection of the child. Hostility in the father-child relationship was the second area examined. Descriptive results indicated that 40% of the fathers were rated as having healthy perspectives regarding their child and his/her misbehaviour (4% of the men displayed particularly healthy perspectives; 36% were generally healthy). For another 40% of men, some rejecting, hostile, or shaming behaviour towards children was evident in their parent-child relationship. The remaining 20% of men reported higher levels of problematic behaviour and perspectives regarding their children (16% reported concerning levels of hostility; 4% were clearly rejecting hostile or shaming). These fathers held generally negative attributions about their children, along with high levels of parental harshness and rejection.

Exploratory analyses revealed several significant findings. First, problems with child directed hostility increased with men's frequency of alcohol consumption [$r(78) = .34, p = .002$]. On the RISC, higher levels of hostility towards men's children were most strongly related to lack of parent-child emotional connection and hostile interactions in the mother-father relationship (Table 5). Results from the self-report questionnaires that evaluated several areas of psychosocial functioning revealed that child directed hostility was significantly related to men's levels of aggression [$r(76) = .35, p = .002$], including

Table 5

Bivariate Correlations among RISC Constructs

RISC Construct	Emotional connection	Hostility to child	Developmental expectation	Psychological boundaries
Hostility towards child	.49***			
Developmental expectations	.35**	.37***		
Psychological boundaries	.48***	.34**	.44***	
Exposure to father-mother hostility	.34**	.43***	.43***	.44***

*p <. 05 **p < .01 ***p < .001

verbal aggression [$r(76) = .28, p = .014$], anger [$r(76) = .33, p = .004$], and hostility towards others [$r(76) = .42, p = .000$]. Men who reported higher levels of child directed hostility were also found to report increasing difficulties with balancing personal needs in the father-child relationship [$r(21) = .44, p = .044$]. Although not significant, a trend was also observed such that men's hostility towards children was marginally related to feelings of distress in interpersonal relations [$r(52) = .27, p = .058$].

Developmentally inappropriate expectations and interaction. The third parenting dynamic examined was developmental expectations. In this domain, the majority of men were rated as having developmentally appropriate expectations of their children. This was evidenced by the fact that 66% of men were rated as having expectations that were appropriate for the age of their child. For 26% of the men, there were some minor concerns regarding their expectations and/or rules for children. The remaining 8% had rules and expectations that were clearly mismatched with their children's level of development.

Exploratory analyses revealed a few significant findings related to men's developmental expectations of children. First, age appeared to be a significant factor in that both father and child age were positively related to inappropriate expectations. That is, increasingly inappropriate expectations were associated with older fathers [$r(73) = .24$, $p = .039$] and older children [$r(74) = .32, p = .006$]. Men who did not live with their child's mother also reported greater problems with inappropriate expectations ($M = 2.5$,

SD = 0.86) than did men who lived with mothers [(*M* = 2.11, *SD* = 0.5), *t*(66.85) = -2.411, *p* = .019]. Lastly, fathers who reported higher levels of inappropriate expectations also reported greater problems with balancing personal needs in the father-child relationship [*r*(21) =.60, *p* = .004].

Failure to recognize a child's individuality and psychological boundary.
Examination of men's ability to recognize and respect children's psychological boundaries revealed that one third of the men displayed good functioning in this domain (3% had a seemingly excellent appreciation of their child's individuality and boundary; 30% had good parent-child boundaries). Almost half of the men (47%) were rated as seeming to have some difficulty with parent-child boundaries; however, there were no clear indicators. For 19%, concern was evidenced in at least one clear indicator of lack of recognition of child's psychological boundary. The remaining 1% had boundaries that appeared seriously disordered and relied on their children for inappropriate levels of emotional support and comfort or for the completion of adult duties.

Exploration of the relationships between problems with parent-child psychological boundaries and other demographic-psychosocial variables revealed several findings. As reported in Table 6, greater difficulties with maintaining psychological boundaries were observed among fathers who did not live with their child's mother, who were currently involved with the probation system, and who witnessed domestic violence as children. Fathers who were rated as having poorer psychological boundaries also received poorer scores on subscales of an empathy measure. In particular, they reported difficulty with both perspective taking [*r*(44) = .3, *p* = .048] and experiencing distress in interpersonal situations [*r*(47) = -.33, *p* = .025]. As with the other parent-child dynamics explored, problems with psychological boundaries were also associated with greater difficulties in balancing parent and child personal needs [*r*(21) = .59, *p* = .005].

Table 6

Independent t-Test Summary for Inappropriate Psychological Boundaries Variable

Descriptive Variable	*M (SD)*	*N*	*df*	*t*	*p*
Lives with Child's Mother					
Yes	2.61 (0.69)	28	68	-2.34	.02
No	3.05 (0.83)	42			
Involved with Probation					
Yes	3.11 (0.94)	37	58.44	2.78	.007
No	2.61 (0.55)	36			
Witnessed Domestic Violence					
Yes	3.15 (0.80)	33	72	2.91	.005
No	2.63 (0.73)	41			

Exposure of a child to hostile or abusive interparental relations. The fifth area of parenting examined was fathers' exposure of children to hostile or abusive inter-parental relations. Descriptive results revealed that 42% of the men were supportive of both the child's mother and the mother-child relationship (8% were very supportive and 34% were within average expectations). Some concern was noted for 37% of the men, who showed evidence of failing to support the mother-child relationship and minimally undermining the relationship, or who expressed lower levels of hostility towards the child's mother. The remaining 22% of men described partner relationships that were openly conflictual and hostile.

Several notable findings resulted from the exploratory analyses for this domain. With regard to background characteristics, alcohol use was significant in that men who reported higher levels of interparental conflict also reported higher frequencies of alcohol intoxication [$r(77) = .40$, $p = .000$]. Following along similar lines, men who met the CAGE clinical cut off score for alcohol abuse also reported greater difficult in interparental relationships than men who did not (Table 7). In addition to alcohol use, interparental hostility was also significantly related to whether or not the father was living with the child's mother and whether or not they were referred for treatment due to domestic violence concerns (Table 7).

Table 7

Independent t-Test Summary for Exposure to Hostile Interparental Hostility Variable

Descriptive Variable	*M*	*SD*	*N*	*df*	*t*	*p*
Lives with Child's Mother						
Yes	2.37	.93	30	73	-2.97	.004
No	3.02	.94	45			
Cage Clinical Cut-Off						
Yes	3.40	1.08	10	70	2.12	.038
No	2.74	0.89	62			
Referred for Domestic Violence						
Yes	3.07	0.84	42	67	2.51	.015
No	2.52	0.98	27			

Exploration of psychosocial variables revealed that interparental hostility was positively related to men's physical aggression [$r(75) = .24$, $p = .042$] and aggressive hostility towards others [$r(75) = .23$, $p = .05$]. Men who reported higher levels of interparental hostility and conflict also reported having weaker parenting alliances with their partners [$r(67) = -.29$, $p = .019$] and problems communicating with the mother of their child [$r(67) = -.29$, $p = .017$]. These men also reported increasing difficulties with empathy [$r(53) = -.33$, $p = .016$].

RISC Total Score. Overall, men displayed varying levels of problematic parenting as measured by the total score of the RISC (Table 3). When considering men's demographic and background characteristics, several factors were associated with men's problematic relationships. First, correlation analyses revealed that child age was positively related to problematic parenting, with higher risk scores evidenced among parents of older children [$r(73) = .30$, $p = .009$]. Increased levels of relationship difficulty were also evidenced among men who reported higher frequencies of alcohol consumption [$r(71) = .27$, $p = .025$]. Fathers who did not live with their child's mother reported significantly greater problems with their parent-child relationships ($M = 14.29$, $SD = 3.46$) than did men who lived with mothers [($M = 12.71$, $SD = 2.94$), $t(67) = -1.98$, $p = .05$]. With regard to psychosocial factors, men with higher RISC scores reported higher levels of hostility [$r(70) = .31$, $p = .009$] and a greater tendency to put their personal needs ahead of those of their child's [$r(21) = .63$, $p = .002$].

Section 2: Results of the Theoretical Approach to Classification

The first approach to classification involved theoretically categorizing fathers based on their responses to the five constructs addressed in the RISC[3]. Drawing on the idea that one of the dimensions will be a "driving" category that underpins the manifestation of abuse, the goal was to develop a typology of abusive fathering based on the men's area of predominant problem. It was hypothesized that subgroups of men would emerge that could be identified by their common predominant problem (e.g., one subgroup of men might display emotional unavailability, unresponsiveness, and neglect as their driving problem, while another subgroup might display hostility, denigration, and rejection). To investigate this hypothesis further, the following decision rules were created to identify and categorize each father's area of predominant problem:

1) Fathers were classified as having a predominant problem if they received a problematic score (i.e., 3, 4, or 5) on one of the five RISC constructs and this score was at least one point higher than any of the other four scores obtained on the interview.

2) Fathers were identified as non-classifiable if they did not display a predominant problem on the RISC, as defined above.

On the basis of these decision rules, 42% ($n = 31$) of the men were placed into the primary, predominant problem group and 58% ($n = 42$) could not be classified. The percentage of men included in the classifiable group did not improve if classification was limited to men rated as very clear relational problems (i.e., scores of 4 or 5). Given the low percentage of men identified as having a primary predominant problem, this approach to classification was deemed ineffective and an alternative classification scheme was devised. In the alternate scheme, an additional category was created to capture the men who reported a more generalized pattern of problematic parent-child dynamics (i.e., they reported equal levels of problems in two or more areas and therefore did not present with a driving, predominant problem). The following decision rules were created to investigate the alternative approach:

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[3] As the RISC is best suited for evaluating the parenting of children aged three and older, only fathers with children aged three and older were considered for inclusion ($n = 80$). Seven of the included participants had missing values on the RISC and were also omitted from analysis, leaving a sample size of 73.

1) Fathers were classified as having a predominant problem if they received a
problematic score (i.e., 3, 4, or 5) on one of the five RISC constructs and this score
was at least one point higher than any of the other four scores obtained.

2) Fathers were classified as having two or more predominant problems if their
highest problematic score (i.e., 3, 4, or 5) occurred on two or more RISC variables.

3) Fathers were identified as non-classifiable if they did not display any areas of
problem on the RISC (i.e., scores of 1 and 2).

On the basis of these decision rules, 42 % ($n = 31$) of the men were placed into the
primary problem group, 48% ($n = 35$) were placed into the two or more primary problems
group, and 10% ($n = 7$) could not be classified into either of the groups. Men's scores were
then visually examined for trends, or patterns, evidenced across their "problematic" scores on
the RISC (i.e., consistent co-occurrence of specific variables); however, no observable
patterns or subgroups of men emerged. It was also noted that when the variable indicating
level of hostility towards the mother and/or mother-child relationship was removed from the
qualitative analysis, 16% ($n = 12$) of the men changed categories. Taken together, the
findings suggested the theoretically created groups were not stable and not clinically useful
and were therefore not explored further.

Section 3: Results of the Empirical Approach to Classification

Cluster analysis was used to explore natural groupings in the data. As with the
theoretical approach, men's scores on the RISC were used to create the groups. The analysis
was completed using SLEIPNER 2.1, a statistical package for pattern-oriented analysis in the
context of a person-oriented approach. Four modules available in the package were used in
successive order. The Describe Module was first used to examine the characteristics of the
individual variables (i.e., means, standard deviations, number of missing cases) used in the
analysis. Results indicated that seven cases had incomplete data characterized by missing
values on one or two RISC variables. Further investigation revealed that the missing values
were due to methodological reasons and did not represent meaningful variation. These cases
were therefore omitted from the analysis, resulting in a sample size of $n = 73$. Given that
high linearity among variables can unduly amplify the effects of variables during cluster
analysis (Bergman, 2003), linearity among variables was also examined. Pearson
correlations for all pairs of variables under study revealed correlations ranging from $r = .34$

to $r = .49$, thereby indicating that multicollinearity would not be a problem in the current analyses (Tabachnick & Fidell, 1996).

Following examination of the individual variable characteristics, the Residue Module was used to identify multivariate outliers across the cluster variables. An outlier was defined as a case that did not have at least one twin case in the selected data set (i.e., it was not similar to any of the other cases). Although many studies require standardization of variables because the variables under study have varying properties, the current analysis was conducted using original, raw values because all of the variables were scored on the same 5-point scale. This decision was deemed advantageous over standardization as it allowed for the preservation of information related to the level and scatter of the data (Bergman, 2003). Given that the analysis was conducted using raw values, the threshold of likeliness was set to 0.667.[4] The similarity measure chosen was the average squared Euclidian distance. Using these parameters, no outlier cases were identified.

Once the data were examined, the Cluster Module was then used to identify patterns among the five RISC variables. The initial hierarchical clustering was performed using each of the available clustering methods in SLEIPNER (i.e., ward's method, beta-flexible, group average, complete linkage, median, centroid, and single linkage) and the appropriate distance measures for each method (e.g., squared Euclidian and correlation). For each method/distance combination, the number of clusters extracted was based upon a combination of empirical and practical considerations. Specifically, consideration was given to: (a) the extent to which additional cluster solutions identified meaningful and relevant patterns; (b) whether each successive cluster solution reduced the error sums of squares, accounted for increasing amounts of variance, and yielded acceptable coefficients of homogeneity; and (c) if a minimum of 5% of the sample was represented in each cluster. Using these criteria, the solutions for each of the methods were examined. With the exception of the solutions produced by ward's method, all of the remaining methods yielded the same three-cluster solution. As a result, the 3-cluster solution obtained from the weighted average method was retained. Overall, this solution fit the preset criteria noted above and the groups of parents that resulted were both interpretable and meaningful (see below).

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[4] The default in SLEIPNER is a threshold of likeness of 0.05; however, this program default was determined for use with standardized data. As discussed by Bergman (2003), it is considered appropriate to change the similarity value when using raw values. In one example, 1.34 was used for a 7-point scale.

Once the initial cluster solution was determined, the Relocate Module was then applied to the chosen solution. This was deemed advantageous, as one of the drawbacks of the hierarchical clustering technique is that cases remain in their first assigned cluster, regardless of how the cluster changes with the addition of subsequent cases. The relocation module addresses this drawback by allowing for adjustments in cluster membership. For the current analysis, a total of 21 cases moved groups. The resulting coefficients of homogeneity for the three final clusters that emerged were .75, .85, and 1.19, with corresponding samples sizes of 27, 28, and 18, respectively. All clusters consisted of at least five percent of the overall sample.

Description of resulting clusters. The three clusters that emerged were compared on each of the five RISC constructs. Mean scores for each group are presented in Table 8. As expected, the groups differed significantly across all of the interview domains; however, differences did not correspond to identifying of a primary or driving category of problematic relationships. Rather, the three clusters varied in terms of severity and generality of problems in the father-child relationship. Men in the first cluster ($n = 27$) were rated as generally healthy across all of the interview domains suggesting "low" levels of problematic dynamics in the parent-child relationship. The men in Cluster 1 were rated as being more emotionally available, less hostile towards their children, better at maintaining parent-child psychological boundaries, and less likely to expose their children to hostility towards the children's mother than men in Clusters 2 and 3. They were also rated as having more developmentally appropriate expectations of their children than men in Cluster 3.

Examination of the scores obtained by the men in Cluster 2 ($n = 28$) indicated a "moderate" level of concern regarding the relationship dynamics in the father-child relationship. Within the cluster, fathers had somewhat greater problems with emotional connection, psychological boundaries, and father-mother hostility than with inappropriate expectations and child directed hostility. When compared to the other clusters, men in Cluster 2 differed significant from the relatively "healthy" fathers in Cluster 1 in that they had greater difficulties in the areas of emotional connection, hostility in the parent-child relationship, problems with psychological boundaries, and inter-parental hostility. Men in Cluster 2 differed significantly from men in Cluster 3 on all five areas of the RISC.

Table 8

RISC Mean Scores on Cluster Variables for Low, Moderate, and Severe Clusters

Cluster Variables	Low ($n = 27$) M (SD)	Moderate ($n = 28$) M (SD)	Severe ($n = 18$) M (SD)	F
Lack of emotional connection	1.96 (0.76)$_{bc}$	3.07 (0.60)$_{ac}$	4.17 (0.71)$_{ab}$	56.03***
Hostility towards child	2.19 (0.56)$_{bc}$	2.61 (0.69)$_{ac}$	3.72 (0.67)$_{ab}$	32.28***
Inappropriate expectations	2.00 (0.48)$_{c}$	2.25 (0.52)$_{c}$	3.28 (1.02)$_{ab}$	21.33***
Psychological boundary	2.22 (0.58)$_{bc}$	3.07 (0.54)$_{ac}$	3.56 (0.70)$_{ab}$	29.33***
Hostile interactions with mother	1.96 (0.65)$_{bc}$	3.00 (0.86)$_{ac}$	3.56 (0.70)$_{ab}$	26.78***
RISC Interview total score	10.33(1.33)$_{bc}$	14.00 (1.25)$_{ac}$	18.28(1.41)$_{ab}$	197.36***

Note. Subscript letters indicate significant group differences. $_a$ = significantly different from Low Cluster. $_b$ = significantly different from Moderate Cluster. $_c$ = significantly different from Severe Cluster.

***$p < .001$

Finally, men in Cluster 3 ($n = 18$) may be described as having the most "severe" problematic dynamics in their relationships with children. In comparison to men in both the low and moderate clusters, these men were rated as having greater problems in all five areas measured by the RISC. Particularly notable about this group was the lack of emotional connection they have with their children.

Comparison of clusters on external variables. To determine the extent to which the empirically derived groupings differentiated men on demographic and psychosocial variables, a series of t-tests, ANOVAs, and chi-square analyses was conducted. Mean and standard deviation scores are presented in Table 9. Overall, significant differences emerged on only two variables (i.e., child age and ability to balance personal needs. Post-hoc analyses revealed that men in the severe group had children who were significantly older than men in the low and moderate groups. Men in the severe group also had more problems with

Table 9

Mean Scores and Percentage Values on Descriptive and Psychosocial Variables for Low, Moderate, and Severe Clusters

Variables	Low ($n = 27$) M (SD)/%	Moderate ($n = 28$) M (SD)/%	Severe ($n = 18$) M (SD)/%	F/χ^2
Child Age	8.19 (4.51)	7.96 (4.05)	11.00 (3.22)	3.57*
Father Age	35.85 (8.31)	34.15 (7.02)	37.44 (7.40)	1.03
Cage Cut-off	8.7	11.5	29.4	3.70
Witnessed DV as a Child	37.0	50.0	50.0	0.56
Attended Batterer Program	40.7	32.1	33.3	0.50
Living with Child's Mother	56.0	35.7	25.0	4.35
Probation Involvement	37.0	55.6	66.7	4.10
Aggression	75.99(23.08)	78.70(25.62)	87.62 (24.63)	1.25
Verbal Aggression	14.64 (3.96)	14.67 (4.16)	15.93 (4.56)	0.62
Physical Aggression	22.42 (9.68)	22.07 (9.16)	25.23 (8.68)	0.71
Anger	18.55 (5.78)	18.67 (7.52)	21.27 (7.29)	1.00
Hostility	20.36 (7.07)	23.32 (7.55)	25.22 (7.66)	2.38
Perspective Taking	15.5 (6.71)	7.44 (5.02)	16.12 (5.66)	0.46
Empathy	14.50 (2.82)	13.2 (4.23)	13.07 (2.95)	0.74
Distress	9.09 (2.94)	7.48 (4.59)	8.24 (4.57)	0.51
Parenting Alliance	71.70 (15.75)	70.60 (15.78)	64.89 (14.09)	1.03
Communication	60.65 (13.87)	59.82 (13.51)	55.26 (12.47)	0.85
Balance of Needs (Personal Needs Scale)	0.27 (0.66)	0.33 (0.52)	2.00 (1.63)	6.28**

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

balancing personal needs in the father-child relationship than did men in both the low and moderate level groups. These men were significantly more likely to put their own needs for

things, such as time and space, above the needs of their children. Although cluster differences on remaining variables were non-significant, response trends were observed in the right direction for many of the variables (e.g., CAGE clinical cut-off, aggression, hostility, parenting alliance).

Discussion

As a step in furthering our understanding of maltreating fathers, the current study explored five patterns of father-child relational difficulty and the ways in which maltreating fathers vary in the problems that characterize their relationships with children. Results from a relatively large sample of clinically referred fathers revealed that poor emotional connection, negative attributions and harshness, developmentally inappropriate expectations and interaction, inappropriate psychological boundaries, and exposure to hostile inter-parental relations were prevalent dynamics among abusive father-child relationships. Empirically based cluster analysis further revealed that maltreating fathers were more clearly differentiated by the degree of severity (i.e., low, moderate, or high) evidenced across their problematic parent-child interactions, than by differences in the individual pattern of problems they experienced. Several interesting findings also emerged that highlight the complex family compositions of maltreating fathers and a unique profile of risk for men. Each of these findings is discussed in turn and directions for future research are suggested. Given the exploratory nature of the analytical approach taken, all results should be interpreted within a preliminary context.

Problematic Dynamics Evidenced in the Father-Child Relationship

Overall, maltreating and at-risk fathers reported a number of concerning parenting beliefs, attitudes, and behaviours that were indicative of harmful parent-child dynamics. Most prevalent among the men was a lack of emotional connection to their children, with nearly three quarters of the fathers describing relationships characterized by emotional unavailability and unresponsiveness. Problematic interactions related to inappropriate psychological boundaries, negative attributions and hostility, and exposure to inter-parental hostility were also frequently reported. Less common, but still a concern for one third of men, were developmentally inappropriate expectations and interactions resulting from a lack of age-appropriate knowledge regarding care giving, discipline, and child development.

Along with providing insight into the different types of father-child relational difficulty, results highlight the association of these dynamics to previously established risk factors for abuse and neglect. Fathers whose parent-child relationships were rated as more problematic reported a general pattern of risk marked by increased problems with alcohol use, interpersonal hostility, and self-centred parenting. They were also more likely to be

parenting older children and living separately from the mothers of their children. The only fathers that did not follow this general pattern of risk were those rated as having poor psychological boundaries with their children. In contrast to the other dynamics, these men presented with a pattern of risk that included low levels of empathy (specifically, problems with perspective taking and feeling interpersonal distress) and histories of probation involvement and witnessing domestic violence as children.

Heterogeneity among Maltreating Fathers

Exploration of the ways in which maltreating fathers vary in the relational dynamics that characterize their maltreatment of children revealed that men were more clearly differentiated by the degree of severity evidenced across their problematic parent-child interactions, than by differences in the specific pattern of problems they experienced. Cluster analysis revealed three clearly distinct subgroups that were differentially characterized by low, moderate, and severe levels of problematic parent-child interaction. Men in the "low" severity cluster were rated as generally healthy across all of the parent-child dynamics examined. In comparison to "low" men, those in "moderate" group had greater difficulties in the areas of emotional connection, hostility in the parent-child relationship, psychological boundaries, and inter-parental hostility. There were no significant differences observed between low and moderate men in developmental expectations and interaction. Men in the "severe" group had the greater difficulties in all five dynamics examined and were the only men reported to have problems related to developmentally inappropriate expectations and interactions. Also particularly notable about this group was degree of severity evidenced in their emotional unavailability.

Although unexpected, the differentiation of fathers based on severity rather than types of relational problems is consistent with research in related areas of family violence. In the domestic violence literature, where there has been considerably more research on heterogeneity, an influential review and synthesis of the typology studies in this area identified three types of batterers common across the empirical literature—a low, moderate, and high- risk offender (Cavanaugh & Gelles, 2005). Some evidence of differing levels of severity is also available in child maltreatment literature, where there has been significantly less investigation of perpetrator heterogeneity. In a heterogeneity study by Haskett and colleagues (2004), two subgroups of parents were identified among a predominately female

sample: one group that was negative, insensitive, and either disengaged or intrusive during parent-child interaction and another that was warm, positive, sensitive, and engaged. The current findings therefore build on this dichotomous finding of good versus bad by providing support for a more gradated picture of severity (i.e., Low, Moderate, and Severe).

While results provide important new insight into how maltreating fathers differ, the findings are in contrast to theoretically driven literature postulating differences in the types of relational problems that drive parents' abuse and neglect of children. Work by Glaser (2002) has suggested that, when multiple problematic interactions are present in an unhealthy parent-child relationship, a primary, predominant dynamic can be determined which characterizes the abuse. Yet, the theoretical and empirically based approaches used in the current study did not support this assertion, as fathers could not be meaningfully separated into subgroups based on the predominant type of relational difficulty evidenced in their relationships with children. It may be that fathers have multiple problematic dynamics in their relationships with children that cannot be teased apart in a meaningful way. As such, the complex and multifaceted nature of fathers' relational problems may defy predominant problem classification and differing levels of severity may indeed be the best way to describe fathers.

An alternative line of conjecture is that father's relational difficulties with children might best be considered along multiple dimensions. In this dissertation, a dichotomy has thus far been suggested – differentiation based on either severity or category. However, it may be that different types of information along multiple independent dimensions are needed to fully understand men's parenting. While it is clear from current findings that severity is important in understanding men's relational functioning, perhaps it is from within the levels of severity that we can begin to understand differences in the dynamics that characterize men's relationships with children. A similar multidimensional classification scheme is evident in the batterer literature, such that severity has been subsumed with subtypes of batterers (e.g., antisocial batterers are more severe than family only batterers). Perhaps once we understand fathers' differences in severity we can begin to discern different patterns of parenting.

It is notable that there is a group of fathers in a clinically identified sample who are characterized as being relatively appropriate in their parent-child relationships. As the

abusive behaviour for which these men are referred does not appear to be attributable to any aberrant relational difficulties (at least based on the relational dynamics assessed in the current study), one might have considered external, stress-related variables as precipitators of abuse for these men. However, as previously noted, men in this cluster did not differ from men in the moderate and severe clusters on any of the risk factors examined that are related to increased stress (e.g., employment status, education, co-parenting stress, partner abuse, number of children in the home). From a risk assessment perspective, this raises questions with regard to how clinicians can best identify this subset of fathers, particularly as many of the current risk assessment measures that are available are based on the more static risk factors. To answer this question, a more comprehensive investigation of risk factors is needed that includes variables not examined in the current study, such as transient parent personality traits, cognitive biases, and child characteristics.

With knowledge on how fathers differ in the severity of their relationships problems, consideration of the risk-needs responsivity literature begins to suggest the need for a differential approach to treatment. The Risk-Need-Responsivity (RNR) model (Blanchette & Brown, 2006; Ward, Mesler, & Yates, 2007) is an influential model for the assessment and treatment of offenders in the criminal justice system. In this model, a key goal in identifying and treating criminal offenders is reliably differentiating low risk offenders from higher risk offenders in order to provide the appropriate level of treatment. Two of the basic principles of the model are that the level of treatment services provided to the offender should be proportional to the offender's risk to re-offend and that criminogenic needs should be addressed in the design and delivery of treatment. With this model in mind, fathers identified as having a low level of relational problems may benefit from group-based parenting group, while moderate fathers may require more individual attention, and severe fathers requiring even more intense intervention.

While the current findings suggest that severity is key to understanding differences in maltreating fathers, the conclusion that it is severity rather than pattern must be considered quite tentative. For one, this is the first study to investigate heterogeneity in the parent-child relational problems of maltreating fathers and replication is needed to increase confidence in the findings. The findings also need to be interpreted with caution given that the three cluster groups did not differ on the majority of risk factors examined. Maltreating fathers with low,

moderate, and severe levels of relational difficulties were relatively similar in the risk factors they presented with. The only significant differences that emerged were that men in the severe group reported having older children and greater difficulties balancing personal needs in the parent-child relationship than men in both the low and moderate groups. While the lack of differentiation in presenting characteristics among the groups is somewhat surprising, the results are fairly consistent with the findings of Haskett and colleagues (2004), who found very few significant demographic differences between their two subgroups of parents. The authors did receive support for differences in clinically relevant variables deemed to be pertinent to intervention. In the current study, validation variables were not specifically chosen given the exploratory nature of the study and this may help explain why no differences were found.

Another important caveat is that other methodologies may better differentiate parents based on predominant problems, or "driving" categories. In the current study, predominant problems were identified on the basis of severity of ratings (i.e., high scores) in each of the domains. However, fathers may have multiple problematic dynamics in their relationships with children that cannot be teased apart in a meaningfully way with this method. It may be necessary to have interviewers make a judgment on the driving category during the interview rather than take the highest score post-hoc. Although this may introduce subjectivity, it would allow for consideration of all the clinical information (e.g., background, verbatim responses and clinical observations of men's tone and behaviour while responding) in determining the problem, rather than just a rating. Alternatively, longitudinal analysis or functional observation studies might be needed.

Characterizing Maltreating and At-risk Fathers

While the predominant focus of the current paper was on understanding the relational dynamics that underlie father-perpetrated maltreatment, several interesting descriptive findings emerged that help characterize maltreating fathers. In contrast to past perceptions of uninvolved and absent fathers, nearly a third of maltreating fathers in the current study were living with the target children and, of those who were not living with their children, many maintained frequent visitation. Current findings also highlight the need for clinicians and researchers to look broadly at men's roles in children's lives, as fathers can be men in a variety of different caretaking roles. Maltreating fathers presented with a variety of, often

complex, family compositions. In addition to having multiple biological children, many were also involved in the parenting of children who are not biologically their own (e.g., stepchildren, grandchildren, and foster children). Considering that risk for maltreatment is higher for stepfathers and other non-related caretakers than biological fathers, the risk to children in families fathers join may be even greater (Daly & Wilson, 1991, 2000; Radhakrishna et al., 2001).

Fathers presented with several characteristics similar to mothers, such as disadvantaged socio-economic circumstances (i.e., lower levels of education, unemployment) and histories of victimization in their families of origin. However, a pattern of risk emerged for fathers that differs from what is commonly seen in samples of abusive and at-risk mothers. In contrast to mothers, maltreating fathers reported higher rates of assault perpetration (independent of their abuse towards children), domestic violence, and involvement in the criminal justice system. This pattern of risk is similar to the findings of Francis and Wolfe (2008), who found that over half (56%) of abusive fathers had charges for violent offenses, including assault, spouse abuse, assault with a weapon, armed robbery, extortion, and sexual assault. These authors also found that the rates of criminal activity and assault among the abusive fathers were significantly higher than those found in a comparison sample of non-abusive fathers.

Following along similar lines, another notable difference was the large number of fathers referred for child maltreatment intervention due to exposing their children to domestic violence. For 61% of the fathers, domestic violence was cited as a significant concern by referral sources. Interview data further revealed that 58% of fathers displayed patterns of coercive, hostile, and abusive behaviours toward both children and their mothers. These numbers are consistent with the empirical literature, which has shown high rates of 30% to 60% overlap in men's perpetration of child maltreatment and violence against their intimate partner (Edleson, 1999).

While the findings of assault and domestic violence lend support to views of fathers that emphasize the more violent nature of maltreating fathers, it is important not to lose sight of the potentially more subtle aspects of maladaptive fathering that are important to understanding their abuse. In contrast to commonly held stereotypes, current findings provided a picture of fathers that highlights the more emotional and psychological

components of their maltreatment of children. Most notable was the pervasive lack of emotional connection to children, with the vast majority of men rated as having parent-child relationships marked by emotional unavailability and unresponsiveness. Maltreating fathers also presented with a self-centred orientation to parenting reflected in a lack of recognition and prioritization of their children's needs. While consistent with clinical descriptions (e.g., Scott & Crooks, 2004), this is not often identified as a risk factor in and of itself, particularly among fathers.

As the focus on maltreating fathers expands, it will be important for researchers to continue to widen the scope with which we view father-perpetrated maltreatment. Like this study, others have also begun to show varying presentations of fathers that do not fit the typical homogeneous portrayal of fathers commonly seen in the extant literature. For instance, in a military sample of fathers, Martin and colleagues (2009) found that the most common pattern of maltreatment among men was domestic violence and neglect. Only when research moves beyond seeing maltreating fathers as a homogeneous group will a clearer picture of the range and combination of problems experienced by maltreating fathers be fully understood.

Strengths and Limitations of the Research

Findings from the current study should be interpreted within the context of several methodological limitations. Given the exploratory design of the study, a large number of statistical analyses was performed to fully explore the presenting characteristics of the sample. Although this significantly increased the likelihood of Type I error, corrections were not applied because the primary intent of the study was to identify potential relationships among the variables for the purpose of future research. Caution is therefore needed when interpreting the results, as some of the significant findings may be spurious.

Data collection methods limit the generalizability of current results in a number of ways. First, demographic questions were not specific enough to adequately describe and analyze the role of ethnicity (e.g., 77% of participants identified themselves as Canadian). As a result, the relational dynamics examined in the current paper, and the clusters that emerged, could not be compared among different cultural groups. Future research aimed at understanding cultural differences in father-child relationships is therefore needed to provide insight into how culture impacts the relational dynamics between fathers and their children.

A second methodological limitation is that information on abuse history was gathered from administrative files. This raises concern with regard to how father's abuse of children was defined, and how consistent intake workers were when recording the different types of maltreatment. The RISC interview from which the clusters were based was not designed to be age specific, thereby introducing subjectivity as interviewers were required to determine the appropriateness of parenting based on their understanding of development. Furthermore, the broad range of ages for fathers and children must also be considered in interpreting results. The nature of father-child interaction varies by child age, and it is possible that different clusters may have emerged with more developmentally restricted age ranges. A final methodological limitation is that, while the sample size was adequate for conducting the cluster analysis, it was not large enough to allow for the opportunity to conduct spilt-half analyses. Conducting the cluster analysis with two subsamples would have increased confidence in the current findings.

Several biases inherent in the current sample further limit our ability to generalize current results. One notable bias relates to selection bias: a problem considered endemic to clinical or risk-based samples (Coohey, 2006; Dubowitz et al., 2001). Nearly all of the participating fathers came to the attention of family service providers and the sample therefore did not include maltreating fathers that have escaped detection. Men whose abusive and neglectful behaviour has not come to the attention of service providers may differ in important ways from those whose abuse was detected (Guterman & Lee, 2005) and their relationships with children may also be characterized by different problems. The current sample was also notably disadvantaged, as evidenced by low levels of education and high rates of unemployment. This sample bias favoring poverty limits our ability to generalize the results to samples of maltreating fathers from different socio-economic backgrounds. Comparison samples are therefore needed in order to place the current findings in the context of fathers more broadly.

Finally, socially desirable responding may also limit confidence in the current findings. Given that the majority of men in the current study were referred for intervention through child protection and probation services, the fathers may have reported defensively or they may have felt internal pressure to respond in socially approved manner out of concern for how they may present. The use of a semi-structured clinical interview data helped guard

against social desirability, as ratings on semi-structured interviews combine subjective report, observations of behaviours, and clinical judgment, which is a particular advantage when assessing behaviours that are socially undesirable (Zimmerman, 1994); however, self-report methods were also used in conjunction with the interviews. Inclusion of a social desirability bias variable in future research would be helpful as a means of capturing the effect of pressure from agencies. Future research would also benefit by cross validating the information provided by the men with external information, such as CAS reports, or using data collection methods that assess automatic or spontaneous attitudes or behaviours, such as behavioural observation of parent-child interactions and spontaneous speech samples.

Although these limitations provide important caveats to the interpretation of the findings, findings should be considered in the context of the larger research knowledge base. The current study is one of few to directly assess heterogeneity among maltreating fathers, to assess the relational problems in the five areas examined, and to document the specific factors associated with these relational risks. Furthermore, the data from which the findings emerged were from one of the largest samples of clinically identified fathers collected to date. A combination of in-depth clinical interviews with self-report methods was also used, thereby providing valuable insight into father's views and perspectives on their relationships with their children.

Directions for Future Research

Given the exploratory nature of the current study, the findings are valuable for their intended purpose — obtaining a better understanding of maltreating fathers and their relationships with children. However, because of its exploratory nature, this study also leaves many questions unanswered. For instance, child age presented as an important factor in men's risk for the problematic dynamics assessed, with increased problems evidenced among fathers of older children. While it can be speculated that this may be a function of children's growing independence, it was surprising, especially as fathers are often deemed to have a greater role with older children. Future research may benefit from applying a latent class approach within a developmental framework to identify evolving patterns of problematic interaction in the father-child relationship. This would allow for consideration of the developmental heterogeneities among individual fathers and parent-child dyads and a better understanding of how abusive behaviour in the parent-child relationship unfolds over

time. Furthermore, insight into whether or not fathers remain in the same severity group over time, or progress across severity groups, would enhance our understanding.

Questions are also raised with regard to the role of men's recognition and prioritization of children's needs in maltreatment. Through in depth interviews, maltreating fathers described parent-child relationships characterized by patterns of harmful interaction that appeared particularly parent-centred. Past work has suggested that men's inability to recognize and prioritize children's needs is primary to their abuse of children. The problematic dynamics evidenced in the current study portrayed some of the self-centred attitudes, feelings of entitlement, and overly controlling behaviours that have been observed by clinicians working with abusive and neglectful fathers (Bancroft & Silverman, 2002; Scott & Crooks, 2004). For instance, men who were rated as having a poor appreciation of children's psychological boundaries often reported using their children for emotional support. It has also been suggested by clinician researchers that misbalanced needs is primary to their maltreatment of children (Scott & Crooks, 2004). In the current study, fathers' tendency to put their own personal needs ahead of their children's was the most consistent factor related to each of the dynamics examined. Future research aimed at better understanding men's ability to "balance needs" in the parent-child relationship would be a promising line of investigation.

Conclusion

Results from the current study help further our understanding of maltreating fathers and their relationships with children. By uncovering diversity in problematic parent-child dynamics of these men, important new insight has been gained into paternal risk for maltreatment. To more fully understand maltreating fathers and their relationships with children, continued attention needs to be given to the differences that exist among these men. Only in this way can we begin to better understand the different motivations for their abusive behaviour, the different co-occurring psychological or mental health concerns that impact their parenting, and the different treatment needs that are paramount to intervening in their abusive behaviour. It is hoped that, with such knowledge, clinicians will be in a better position to identify problematic relationships earlier and more appropriately target intervention, thereby preventing incidents of abuse and neglect in the father-child relationship.

Chapter 3

Within the literature, there is a pressing need for an increased understanding of fathers who abuse and neglect their children (Dubowitz, 2006, 2009; Featherstone, 2001; Guterman & Lee 2005; Haskett et al., 1996; Peled, 2000; Sternberg, 1997). Studies have shown that fathers are disproportionately implicated as perpetrators of abuse, particularly amongst its most severe forms (e.g., Brewster et al., 1998; Sinal et al., 2000; Stiffman, et al., 2002). Yet, much of the past research has been focused on abusive and at-risk mothers (Haskett et al., 1996; Phares, 1996; Pittman & Buckley, 2006). The lack of empirical attention given to fathers is problematic in that it has not allowed for a complete and adequate examination of the context in which child maltreatment occurs (Muller & Diamond, 1999). Furthermore, little is known about men who abuse and neglect their children and how to best prevent and intervene in their abusive behaviour.

One of the ways we can come to a better understanding of father-perpetrated maltreatment is by exploring the underlying patterns of parenting that potentiate risk for abuse in the father-child relationship. Past work by Bancroft and Silverman (2002), Scott and Crooks (2004, 2007), and Stewart (2004) has suggested that maltreating fathers lack recognition and prioritization of children's needs for love, respect, and autonomy and that this inability to prioritize needs is primary to their maltreatment of children. Although not empirically supported in the parenting literature, this suggestion is consistent with parallel research in the domestic violence literature, where it has been found that men who abuse their intimate partners are characterized by a narcissistic sense of self-importance, feelings of entitlement, over-sensitivity to rejection, and a high need for control (Dutton, 1996, 1998). Research and clinical observation have also shown that abusive men tend to feel that they deserve unconditional love and respect from their families (Bancroft & Silverman, 2002; Scott & Crooks, 2004) and that, when such treatment is not forthcoming, they feel victimized and justified in avenging these slights (Francis, Scott, Crooks, & Kelly, 2002). As feelings of entitlement, self-importance, and subsequent 'victimization' may act as catalysts to abusive behaviour, men's inability to recognize and appropriately prioritize needs within the father-child relationship may be an important factor in understanding how child maltreatment occurs.

To further our understanding of how an inability to appropriately prioritize needs may potentiate risk for maltreatment, the current paper examined the balance of needs construct through theoretical and empirical means. To provide background, the rationale and foundational support for the balance of needs construct is first presented. This is then followed by a summary of past research aimed at developing a self-report measure to capture the balance of needs construct and a review of the current work. As the current work is a continuance of the unpublished manuscript of Stewart (2004), overlap in the review of literature between current and past manuscripts is duly noted.

Maltreatment as a Pattern of Chronically Misbalanced Needs

Child maltreatment is often thought of in terms of the parental behaviour that occurs during an abusive or neglectful event, such as hitting a child or withholding food. In addition to prominent acts of abuse, maltreating parents also display patterns of parenting that are maladaptive in nature. These patterns (e.g., hostile attributional bias) represent the more subtle aspects of parenting that underlie abusive parenting and set the context for the outbursts of abusive behaviour most typically characteristic of maltreatment. Through the elucidation of these underlying patterns we can gain a better understanding of the more subtle factors that increase risk for abuse and neglect. The pattern explored in this manuscript is chronic misbalancing, or mis-prioritization, of needs within the parent-child relationship.

For all parents, one of the key tasks of parenting is recognizing and prioritizing needs within the parent-child relationship. The process of identifying and weighing parent and child needs relative to each other closely resembles that of a balancing act, whereby the needs of the child and the needs of the parent must be constantly considered. When children are young and highly dependent, the parent must meet all of the child's needs for physical and emotional resources. To accomplish this, the parent must often put aside his or her own needs, for things such as sleep and private time, which results in an uneven balance that favors the child. Parenting young children therefore requires a relatively unique element of altruism that is necessary for the healthy development of children. For many new parents, the level of unselfish concern required for the optimal care of children represents a level of selflessness not previously required of them. As such, altruistic parenting may represent a developmental challenge for new parents, whereby adaptation to a new set of parameters and roles is required for the development of healthy parent-child relationships. As the child

develops, the balance between parent and child needs begins to shift towards greater equilibrium and parents are afforded more discretion in terms of how needs within the relationship are prioritized, or weighed, relative to each other. Nonetheless, the resources and position of the parent relative to the child continue to require parental balancing to ensure that the child's needs are being met, even as the child becomes increasingly self-sufficient.

In considering the parenting of abusive and neglectful parents, there may be a malfunction in the process of balancing parent-child needs, whereby parent needs are not sufficiently co-opted by child needs. This pattern seems particularly evident in cases where a parent uses a child in illegal activities to support a drug habit, allows a child to be prostituted, or chooses to go out for the evening and leave the child at home without a babysitter. Less obvious, but equally significant, may be its presence in the daily parenting practices of abusive parents. Clinicians working with maltreating fathers have observed a tendency among maltreating fathers to select to meet their own needs over those of their children on a continuing basis, thereby resulting in a chronic pattern of misbalanced decision-making (Scott & Crooks, 2004). Overtime, this chronic pattern may itself be abusive, or may provide the context for abuse when difficult decisions must be made about the prioritization of child needs. Misbalanced decision-making may then be thought of as key to understanding a parent's propensity for abuse. Although logical, this concept of misbalanced decision-making among abusive parents has not yet been established within the theoretical or empirical literature.

Foundational Theory and Research

Support for the "balance of needs" construct comes from several areas of research, including the literatures on empathy, narcissism, domestic violence, child maltreatment, and intervention.

Empathy. In thinking about misbalanced decision making, it is likely that the parent at risk of placing their own needs before those of their children is an individual who is not able to properly empathize with the thoughts, feelings, and needs of their child. Empathy has been advanced in the literature as an important component of positive parenting, whereby parents with healthy and adaptive patterns of parenting show well developed ability to empathize with children and act on their children's needs (Rosenstein, 1995; Wiehe, 2003).

In contrast, parents who engage in abusive and neglectful parenting have been shown to have less empathy (Perez-Albeniz & de Paul, 2003, 2004; Rosenstein, 1995; Wiehe, 1986) and less ability to perceive the needs, intentions, and feelings of their children (Letourneau, 1981). In addition to low levels of empathy, maltreating parents also report feeling greater distress in response to tense interpersonal situations (Milner, Halsey, & Fultz, 1995; Perez-Albeniz & de Paul, 2003). Rather than feel empathetic concern, these parents experience aversive states when confronted with the distress and suffering of another individual (Milner et al., 1995; Perez-Albeniz & de Paul, 2003). This likely has significant implications for the process of balancing parent and child needs, as the aversive state experienced by a distressed parent during times of conflict is incongruent with the state of the child (Perez-Albeniz & de Paul, 2003) and may lead to a parental reaction that is self-oriented and egoistic.

Parental empathy has been linked to one of the more obvious examples of parental misbalancing of needs, that being parent-child role reversal (Rosenstein, 1995). Role reversal occurs when a parent looks towards the child for satisfaction of his or her own emotional, physical, and social needs. Over time, the child becomes a main source of support for the parent and becomes responsible for satisfying many of the parent's needs. Research has shown that higher levels of parental empathy are associated with an absence of role reversal in the parent-child relationship (Rosenstein, 1995). That is, parents with greater ability to empathize with their children have been found to be less likely to treat or describe their children in a manner that sounds like the parent and child roles have been reversed, either behaviourally or emotionally (Rosenstein, 1995). Conversely, the results suggest that parents with lower empathetic ability may be more likely to engage in role reversal with their children.

Taken together, the literature establishes relationships between parental empathy, interpersonal distress, and child maltreatment, whereby maltreating parents exhibit lower levels of empathy and higher levels of distress within the parent-child relationship than non-abusive parents. When combined, these factors present a picture of an easily distressed parent whose ability to perceive and act on the needs of their children is impaired during times of interpersonal conflict. Thus, when a parent is faced with a difficult conflict in balancing parent and child needs, the combination of stress and low empathy may lead to an inability to choose, and subsequently act on, the child's needs.

Narcissism and Entitlement. Along with a lack of empathy for children's needs, the literature suggests that maltreating parents, particularly fathers, display pervasive sense of entitlement. Clinicians working with fathers in treatment have observed a tendency among these men to over value their own needs as a result of the self-centred attitudes and beliefs they hold (Scott & Crooks, 2004). These attitudes and beliefs are similar to those held by narcissistic individuals, more generally, in that such individuals often look towards their children to satisfy their unmet needs for admiration and support. Narcissistic parenting reflects an egoistic orientation to parenting, whereby parents see their children as extensions of themselves, or of their own experiences, thereby resulting in parenting that is organized around the parent's needs (Newberger & White, 1989). Given recent research showing maltreating parents to be more narcissistic than their non-abusive counterparts (Wiehe, 2003), similar egoistic parenting may also be at work in cases of child maltreatment.

The mechanism by which narcissism acts as a risk factor for maltreatment is likely similar to that for empathy. In the empathy literature, individuals who are easily distressed and overwhelmed in tense interpersonal situations have difficulty seeing the perspectives of others and therefore show self-serving tendencies (Eisenberg & Miller, 1987; Davis 1983). When presented with cues of another's distress, these individuals protect themselves from becoming overwhelmed by resorting to a self-centred perspective (Ehrenberg, Hunter, & Elterman, 1996). This process may be similar in narcissistic individuals, as theorists have argued that such persons are vulnerable to relational stresses due to their strong needs for the recognition and admiration of others (Kohut, 1971; Cashdan, 1988). As interpersonal conflict rises within the parent-child relationship, narcissistically oriented parents may be unable to empathize with their children's needs due to feelings of interpersonal vulnerability, thereby selecting their own needs over those of their child. Self-centred beliefs and attitudes may therefore result in a lack of appreciation, or respect, for children's needs and ultimately poor responsiveness to these needs.

In considering the discussions on empathy and narcissism, it is clear that the lack of empathetic ability and presence of narcissistic characteristics are very closely related to each other, if not intertwined. Thus, it is likely that neither deficits in empathy nor overly self-focused attention, alone, lead to increases in abuse, but rather the combination of these two.

Domestic Violence Literature. A third area of literature that provides a foundation for hypotheses around the balance of needs construct is research on men who are violent in their family relationships. The domestic violence literature is particularly relevant given the theoretical convergence of risk factors for both spouse and child abuse (Slep & O'Leary, 2001) and the high rate of co-occurrence evidenced between the two (Edleson, 2001). Within the domestic violence literature, men who abuse their intimate partners have been described as having several of the characteristics believed to underlie misbalanced needs. Specifically, these men have been shown to exhibit decreased empathetic ability and a high need for reinforcement from their families (Hurlbert & Apt, 1991), as well as feelings of entitlement, over-sensitivity to rejection, and needs of ego gratification (Dutton, 1996, 1998). As fathers, their preoccupation with their own needs often results in them being inconsistently available to their children (Johnston & Campbell, 1993). They may also use their children as tools in the abuse of their partners. This was recently evidenced in a qualitative study of 45 spouse abusing fathers who reported using their children as a means of indirectly annoying, harassing, and manipulating their partners (Scott & Crooks, 2004). The men also reported relying on their children for emotional support (e.g., confiding marital problems) and using their children as a way to gather information on their intimate partners (e.g., knowledge on who the mother spends time with). Each of these examples shows how children can be used as a means of fulfilling parents' own needs at the expense of their children.

Child Maltreatment Literature. Within the literature on child maltreatment, evidence for the presence of problematic balancing of needs among men comes from studies on child sexual abuse, child physical abuse, and child homicide. In the sexual abuse domain, fathers who engage in sexual abuse have been described as having feelings of patriarchical privilege to sexual contact with their children (Groth, 1982). Along with this sense of entitlement, there is a clear lack of consideration and empathy for their children's needs (Steele, 1990). It has been suggested that this may be due, in part, to an overwhelming sense of need in the parent and a subsequent desire to have this need met (Herman, 1981). Within the child physical abuse literature, the drive to satisfy parent needs has also been identified as a key motivating factor in the use of physical punishment. Physical punishment tactics are often used by maltreating parents as a tool to relieve parental stress and satisfy a desire for

increased levels of control (Gough & Reavey, 1997; Leach, 1994). In this way, parental needs are overvalued at the expense of child well-being.

In studies of fathers who have murdered their children, perpetrating fathers have been shown to have a lack of knowledge and understanding of child development, minimal parenting skills, and a desire to have their children respond to their needs (Cavanagh et al., 2007). The authors' qualitative analysis revealed that many of the fathers had unreasonable expectations of their children, with some viewing their children "as adults with responsibilities towards them." They were also noted to be "jealous and resentful of the child," particularly as the result of the men seeing the child as a rival for the affection and attention of their intimate partner. The motivations behind the men's behaviour that led to death included a desire to "silence, punish, and/or discipline the child." Underpinned by notions of entitlement, the men expressed beliefs in their "right to attention, silence, and time from an intimate partner."

The final area of support for the balance of needs construct comes from the literature on advancing change in maltreating fathers. Proponents of intervention with abusive and neglectful fathers have stressed the importance of including a child-centred curriculum in treatment with these men (Kelly & Wolfe, 2004). Through their work with maltreating and at-risk fathers, clinicians have observed a tendency among these men to fail to appreciate, consider and value their children's needs, despite a stated commitment to do so. For example, after the birth of a new baby, these men may continue to spend most of their free time out with friends (bragging about their baby), and little time at home contributing to the baby's care. Similarly, when children misbehave, these fathers tend to focus on the embarrassment and inconvenience children are causing them, rather than the child's possible motivations for misbehaviour and the potential impact of a harsh parental response. To address men's deficit in understanding the complex nature of parenting and their lack of appreciation for the impact of their self-centred behaviour on children, the authors advocate teaching men about parenting by using a model of analysis that presents parenting approaches along a continuum that ranges from parent to child centredness (e.g., Wolfe, 1999). Implicit in this approach to intervention is the idea that men's abusive parenting stems in large part from their tendency to put their own needs ahead of those of their children.

Summary

Taken together, the theory and evidence collected to date suggest that one pattern of parenting which may underlie abusive behaviour is a chronic pattern of parents undervaluing their children's needs relative to their own. These parents appear preoccupied with their own needs, reflecting an inability and/or unwillingness to value the needs of their children. Much of the evidence in support of this claim comes from the literatures on parental empathy and narcissism, where empirical evidence has shown that abusive parents are less able to empathize with their children and their children's needs (Perez-Albeniz & de Paul, 2003; Rosenstein, 1995; Wiehe, 1986) and are more narcissistic than their non-abusive counterparts (Wiehe, 2003). Links have also been made between the overvaluing of parental needs and the occurrence of physically and sexually abusive behaviours (Frude, 1982; Gough & Reavey, 1997; Steele, 1990). Characterizations of abuse perpetrators, more generally, describe entitlement and self-centredness being prominent in descriptions from clinicians working with these clients.

The problems with empathy and entitlement observed among abusive parents have significant, and obvious, implications for their ability to recognize and appropriately prioritize their children's needs. Parents who are less able to empathize with their children are less able to perceive and act on the needs of their children (Rosenstein, 1995). When compounded with, and exacerbated by, the presence of narcissistic qualities, their inability to perceive and integrate child cues may lead to the lack of understanding and appropriate response to children's needs often noticed among abusive parents (Steele, 1990). This may be even further exacerbated when parents experience stress or crisis, as priority in terms of needs may be more easily placed on their own needs rather than on their child's needs, such as when they are addicted or facing life stressors. Given the host of interacting risk factors common to many abusive parents, and the potential for these risk factors to increase parental stress levels, the default to providing for parental needs before child needs seems highly plausible.

Although the literature on fathers who abuse and neglect children is just developing, initial findings support the relevance of empathy, narcissism, and situational context to men's ability to balance parent and child needs. Fathers at risk for child physical abuse have been shown to have less perspective-taking ability than their low-risk peers (Perez-albinez & de

Paul, 2004). They have also been observed to have several narcissistic traits, including feelings of entitlement, self-centred parenting attitudes, and a high need for control in relationships with others (Scott & Crooks, 2004). Through intervention work with maltreating fathers, it has become evident that these fathers lack a sense of child-centred fathering and need to place greater value on understanding and responding to their children's needs. Given the established links between empathy, narcissism, and maltreatment, as well as beginning support from the family violence literature, the interplay of entitlement and unmet parent needs appear highly relevant to understanding the parenting dynamics that underlie father-perpetrated child maltreatment and worthy of increased attention.

Previous Research

As a beginning step in exploring the relationship between balancing needs and father-perpetrated maltreatment, Stewart (2004) developed and validated a measure of men's recognition and prioritization of needs within the father-child relationship. Two versions of a self-report measure, one forced choice and one rating scale, were designed to tap four areas of need commonly present in father-child relationships: personal needs; image/self-esteem needs; emotional needs in terms of comfort; and emotional needs in terms of respect, admiration, and self-aggrandizement. An interview measure was also developed. Results from a convenience sample of 43 fathers indicated that all three measures had fairly good psychometric properties. The items within each self-report scale showed adequate to good internal consistency, stability over time, and discriminant validity; however, the concurrent and convergent validity of the measures varied according to the scale under examination (see Stewart 2004).

Of the three newly developed measures, the forced choice measure was deemed to have the most potential for future clinical and research use. The reasons for this were threefold. First, as with all forced choice measures, the format of the test reduces the potential impact of social desirability factors. Given the tendency for socially desirable responding among populations of parents who maltreat their children (Salisbury et al., 2009; Scott, 2003), measures that work towards limiting the impact of socially desirable responding are desirable. Second, the forced choice measure yielded two subscales that clearly differentiated between types of need within the parent-child relationship (i.e., image and emotional needs versus personal needs), whereas the rating scale separated into two scales

that differentiated between parent and child needs. The thematic information made available through the forced choice measure therefore provided a greater depth of knowledge regarding the balance of needs within parent-child relationships. And finally, the third reason of support for the continued use of the forced choice measure was that it received greater psychometric support than the rating scale with regard to validity. Most importantly, the forced choice version was related to a key validity construct - empathy - while the rating scale was not.

In addition to providing beginning support for the newly developed measure, several important findings were gleaned from the preliminary work. First, it was confirmed that fathers do range in their ability to identify and prioritize needs within the parent-child relationship. While some fathers displayed an excellent ability to balance needs (i.e., they showed good knowledge of child development and typically co-opted their own needs for those of their children), others indicated a poor ability to balance needs. Although these men usually displayed some give and take in the parent-child relationship, parental needs were not always sufficiently co-opted by child needs when necessary. A second important finding was that men who were less able to balance parent and child needs shared several traits evident among violent men, more generally. For example, these men were more likely than their peers to lack knowledge of, and or connection to, their children and they were more likely to hold rigid beliefs. They also tended to accept less responsibility for difficulties in their relationships with their children. Each of these traits has been identified within the literature as characteristic of the parenting displayed by men who abuse their intimate partners (Bancroft & Silverman, 2002).

Current Study

While findings from the preliminary research provided an important first step, further empirical exploration was needed to strengthen the Balance of Needs Measure and better understand fathers' ability to balance needs and its relationship to abusive parenting. The current study therefore aimed to further investigate the 'balance of needs' construct by: 1) strengthening the forced choice version of the BONM by revising the items in the measure; 2) examining the reliability and construct validity of the revised BONM through exploration of the measure's internal consistency and relationships to empathy, entitlement, and other related parenting constructs in a community sample; and 3) examining the discriminant

validity of the BONM by comparing scores from the community sample with those from a sample of fathers clinically referred for treatment due to concerns about maltreatment. It was hypothesized that greater problems with balancing needs would be related to lower levels of empathy, higher levels of entitlement, and increased risk for role reversal in the parent-child relationship and that a clinical sample of maltreating fathers would show more problems in balancing needs than a normative sample.

Method

Participants and Procedure: Community Sample

Participants were recruited through convenience sampling within the Greater Toronto Area (GTA). Study advertisements were posted on local bulletin boards and placed in a free newspaper widely distributed throughout the GTA. All responding fathers who were involved in the parenting of a child between the ages of 8 and 12 were invited to participate ($N = 93$).[5] In cases where fathers had more than one child within this age range ($n = 20$), men reported on the child with whom they felt they had the most conflictual relationship.

With regard to demographic information, fathers ranged in age from 28 to 60 years ($M = 43.81$, $SD = 6.39$). The sample was ethnically diverse, whereby 68% of the men indicated they identified with a particular ethnic group. Of these men, 25% identified themselves as South East Asian, 18% as Canadian, 18% as Asian, 16% as Black, and 10% as European. The remaining 14% were either Latino, Middle Eastern, or Jewish. In terms of men's highest level of education, 18% attained high school or less, 28% completed trade school or college level studies, 31% received a Bachelor's degree, and 23% received graduate level degrees. Seventy-nine percent of the men reported they were currently employed.

On average, the participating fathers reported having a total of 2.08 children ($SD = 1.29$, range 1 to 8). Children about whom fathers reported ranged in age from 8 to 12 years and were an average age of 9.95 years ($SD = 1.36$). Fifty-seven percent of the children were male and 43% were female. Ninety-two percent of the children were biologically related to their fathers, five percent were stepchildren, and data was not available for one child. Of the 27 men who reported being separated or divorced from their child's mother, three reported seeing their child daily, nine saw their child between three and five times per week, seven saw their child one to two times a week, and eight reported seeing their children less than one time per week.

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[5] Involvement was determined by asking potential participants if they saw their children at least one weekend per month.

Measures

      Demographic Form. Demographic information, including age, education, employment, relationship status, alcohol consumption, drug use, child age, child gender, relationship to child, and custody information, was collected via a short self-report pen and paper questionnaire.

      Balance of Needs Measure (BONM: Stewart, 2004). The Balance of Needs Measure (BONM) is a forced choice self-report measure designed to evaluate men's recognition and prioritization of needs within the father-child relationship. Respondents are required to read pairs of statements and choose the one statement they believe in, or associate with, more strongly. Each item is coded 1 if the parent-centred statement is chosen and 0 if the child-centred statement is chosen. The number of parent-centred items endorsed is then summed to yield a score that represents the extent to which the parent puts their own needs ahead of those of their children. Gender-specific versions were developed to match the gender of the respondent's child. The items for each version were nearly identical, with the only difference being gender-related pronouns (e.g., he/she).

      Review of item development procedures. As described in Stewart (2004), the development of the BONM involved several steps. First, a list of 123 individual statements was developed. Each statement represented either a parent-centred need ($n = 61$) or child-centred need ($n = 62$). Four areas of need commonly present in father-child relationships were included within the list. The first area of need was that of personal needs and included items such as, "My child should understand that I need quiet time to myself after a long day at work so that I can relax" (parent-centred) and "I should make spending playtime with my child a priority" (child-centred). The second area tapped image and self-esteem needs and included items such as, "I feel embarrassed when my child acts poorly in public places" (parent-centred) and "My child should wear whatever he/she feels most comfortable in, even if I think it looks bad" (child-centred). The third area included items related to emotional needs for comfort, such as, "I often rely on my child to cheer me up when I am feeling down" (parent-centred) and "My child's feelings should always come before my own" (child-centred). The fourth area of need included items that tap emotional needs for respect, admiration, and/or self-aggrandizement. An example of an item from this category is, "I feel

good about myself when my child shows appreciation for the things that I do" (parent-centred) and "I shouldn't always expect my child to respect me" (child-centred).

The list of statements was given to a group of seven graduate students for independent valence rating. The individuals in this group included three men (*M* age = 27.33, *SD* = 3.79) and four women (*M* age = 28.5, *SD* = 3.51). The students rated each statement's level of perceived "desirability" or "agreeableness" using a 5-point likert-type scale that ranged from "highly agreeable" to "highly disagreeable." Statements similar in desirability and thematic content were paired together such that one parent-centred statement was paired with one child-centred statement. All items that did not match well with other items were eliminated (*n* = 69). This resulted in a total of 27 item pairs.

Review of the psychometric properties of the 27-item BONM. Using a convenience sample of 43 fathers, analysis of the items within the BONM revealed two underlying scales. The first scale was comprised of 12 items that tapped a combination image and emotional needs (alpha = .76). These items represented a synthesis of three of the originally proposed themes, those being image/self-esteem needs, emotional needs in terms of comfort, and emotional needs in terms of respect, admiration, and self-aggrandizement. The second scale was comprised of seven items that tapped personal needs (alpha = .55). These items represented more physically based needs, such as time alone for the parent or homework assistance for the child. Support for the test-retest reliability and discriminant validity of both scales was obtained. Concurrent and convergent validity was obtained only for the image-emotional needs scale.

Revision of the BONM for the current study. In an effort to strengthen the scales within the BONM, 43 items were added to the measure, resulting in a 62-item measure (see Appendix H). The additional items were drawn from among the items that were not included in the final scales of Stewart (2004) (*n* = 6) or were newly developed for the purpose of the current study (*n* = 37). The new items were created to fit specifically into an image-emotional needs category or a personal needs category. The reliability and validity of the revised measure is established in the current study.

Self-Important Parenting Beliefs Items (SIPB; Ehrenberg, Hunter, & Elterman, 1996). The SIPB is a 9-item self-report measure designed to assess self-oriented, or self-important, parenting beliefs (e.g., I believe I deserve my child's love and respect because I

am a good parent) (see Appendix I). Respondents are asked to indicate how much they identify with each item using a 5-point likert scale ranging from "*not at all like me*" to "*very much like me*." A reliability estimate of .85 was found for the SIPB (Ehrenberg, Hunter, & Elterman, 1996).

Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 2001). The AAPI-2 is a 40-item self-report measure designed to provide an index of risk for abusive and neglecting parenting attitudes and practices. Each item has a 5-point likert rating scale ranging from "*Strongly Agree*" to "*Strongly Disagree*" and respondents are required to circle the response that they feel best reflects their parenting attitudes. Responses are then used to generate five subscale scores which represent parenting constructs known to contribute to the maltreatment of children: (1) Inappropriate parental expectations; (2) Lack of empathy for children's needs; (3) Belief in the use of corporal punishment as a means of discipline; (4) Reversing parent-child family roles; and (5) Oppressing children's power and independence. The AAPI-2 has been used in numerous studies of parenting and child maltreatment and the validity and reliability of the measure has been well established (Bavolek & Keene, 2001).

Me versus Other Scale (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004). The Me Versus Other Scale is a one-item measure that assesses the respondent's view of themselves in comparison to other people in a visual, nonverbal manner (see Appendix J). The Me Versus Other Scale has seven images that differ in terms of the size of the "me" circle (from much smaller than the others, to much larger than the others). Respondents are asked to write the number of the diagram (1 − 7) that best represents how they see themselves compared to others. Research has shown that this measure is positively correlated with feelings of entitlement (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004).

Child-Parent Relationship Scale: Short Version (CPRS; Pianta, 1994). The CPRS is a 15-item measure that assesses the quality of the parent–child relationship (see Appendix K). The CPRS is an adaptation of Pianta's (1990; 2001) Student–Teacher Relationship Scale, which has been used extensively in studies of relationship quality in the National Institute of Child Health and Development Early Child Care Research. Items on the CPRS tap four dimensions of child–parent attachment: warmth, conflict, dependence, and open communication. Respondents are required to read each item and indicate the degree to which they believe the item applies to their relationship with their child. Answers are

provided using a 5-point likert type scale that ranges from "*Definitely does not apply*" to "*Definitely applies*." The CPRS generates a total scale score reflecting an overall positive relationship. The alpha coefficient for the CPRS: Short Form total scale is .90 (NICHD, 1996).

Parenting Stress Index Short Form (PSI-SF; Abidin, 1995). The PSI-SF is a 36-item self-report questionnaire designed to assess stress and dysfunction within the parent-child system (Abidin, 1995). Respondents are required to rate the relevance of each item using a 5-point likert-type scale. Items are grouped into four subscales, which include: Parental Distress (e.g., "I feel trapped by my responsibilities as a parent"); Parent-Child Dysfunctional Interaction (e.g., "When playing my child doesn't often giggle or laugh."); Difficult Child (e.g., "My child gets upset easily over the smallest thing."); and Defensive Responding (e.g., "I often have the feeling that I cannot handle things very well."). Scores from the first three of these subscales are added to yield a Total Stress score that indicates the level of parenting stress experienced by the respondent. Cut-off scores have been established that identify parents experiencing high levels of stress. The fourth subscale, Defensive Responding, is an independent subscale that provides an indication of the respondent's bias towards answering items in a socially desirable manner. The internal reliability and concurrent validity of the PSI have been well established (Abidin, 1995). Alpha reliability coefficients for the four subscales range from .80 to .91 (Abidin, 1995).

Procedure

The procedures used to complete the current study were in accordance with the ethical standards of the Tri-council Policy Statement on Ethical Conduct for Research Involving Humans and were granted approval by the Education Ethics Review Committee of the University of Toronto (see Appendix L). Prior to participation, all fathers were informed of the procedures and ethical issues related to their participation in the study and were required to read and sign consent forms. After consent was obtained, fathers completed the self-report measures in one of two standardized orders. The first 64 fathers completed the measures in the following order: Demographic Form, BONM, CPRS, SIPB, Me vs. Others Scale, AAPI-2, and PSI. To evaluate whether administration order impacted men's responses on the BONM, the BONM was moved from the beginning of the questionnaire order to the middle. As such, the remaining 29 fathers completed the self-report measures in

the following order: Demographic Form, CPRS, SIPB, Me vs. Others Scale, BONM, AAPI-2, and PSI.[6] Upon completion of study participation, all fathers received a cash payment of $20.00 in recognition of the time they spent participating in the study.

Participants and Procedure: Clinical Sample

Clinical sample participants were recruited from an intervention program for fathers who had abused or neglected a child. Main referral agents to this program were child protection workers and probation officers, though some men were referred through general mental health services and other community contacts. In total, 85 men were recruited from eight intervention groups located in two southern Ontario communities. On average, the men were 36.61 years of age (range 23-52, $SD = 7.76$). Varying levels of education were reported men (i.e., 35% did not complete high school, 30% received a high school diploma, 20% had achieved a college or vocational diploma, and 8% had a university degree). On average, men reported having 2.66 children (range = 1 - 6, $SD = 1.28$).

Children reported upon were an average age of 8.68 years (range 1-19, $SD = 4.96$) and were relatively equally divided by gender (46% male). Approximately 20% of men were living with the target child. Of the remainder, 37% saw their children once or twice a week, 23% saw their children more frequently, and 40% saw their children less frequently.

The procedures used for the clinical sample were granted approval by the Education Ethics Review Committee of the University of Toronto and the community agencies responsible for providing the intervention groups. Prior to participation, all fathers were informed of the procedures and ethical issues related to their participation in the study and were required to read and sign consent forms. After consent was obtained, participants completed a demographic form and the Balance of Needs Measure.[7] The additional self-report measures completed by the community sample were not administered to the clinical sample. All measures were completed prior to treatment. No compensation was provided for completion of the research.

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[6] Statistical comparison of the demographic characteristics of the two administration groups revealed only one significant difference. Fathers included in the first administration group reported a higher level of income ($M = 7.03$, $SD = 2.62$) than fathers in the second group ($M = 5.54$, $SD = 2.96$), $t(82) = 2.32$, $p = .02$.

[7] The Balance of Needs Measure (BONM) completed by clinical sample participants was the revised 26-item version that resulted from the community sample investigation here within. The psychometric properties of the revised measure are presented within the results section of the current paper.

Results

The evaluation of the revised BONM involved several steps. First, using data from the community sample, item analysis was conducted to explore individual items within the measure. A theoretically driven strategy based on the results of Stewart (2004) was then used to group items into two subscales and the psychometric properties of each scale were examined. This was followed by a series of correlation analyses to explore relationships between the two subscales and several additional constructs deemed to be theoretically related to parents' ability to balance needs. Following completion of these steps, the psychometric properties of the BONM were then re-examined in a sample of fathers clinically identified as being abusive towards, or at high risk for abusing, a child.

Establishment of the BONM Subscales

Item Analysis. As previously mentioned, community fathers completed a 62-item version of the BONM. Given that a theoretically driven strategy based on the findings of Stewart (2004) would be used to establish the scales, the first step of item analysis involved removing items that, in retrospect, did not clearly fit into either of the scales identified by Stewart (2004) (i.e., the image-emotional needs scale or the personal needs scale). This resulted in the removal of four items (i.e., items 10, 14, 52, and 57).

As a second step of item analysis, 10 people independent of the study evaluated the face validity and valence of each item[8]. During this process, each person first indicated if the individual statements in each item pair were parent-centred, child-centred, or unclear. Items for which two or more people indicated uncertainly regarding whether or not the statements were parent or child-centred were excluded from further analyses (i.e., items 2, 6, 17, 26, 30, 35, 42, 45, 46, 49, 50, 51, 55, 56, 58, and 62). Each person then evaluated whether or not the child-centred statement was preferable to, or more desirable than, the parent-centred item. Items were removed when two or more people indicated that the parent-centred statement was a better choice than the child-centred statement (i.e., items 13, 18, 19, 24, 59, and 61).

As a final step of item analysis, the response distributions of the remaining items were examined and items with more than 90% of study participants answering with the same response were removed from further analyses. This step resulted in the removal of three

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[8] These individuals were not participants in the study and were selected solely for the purpose of evaluating the items. The group included a mixture of graduate students, parents, and child educators.

items (i.e., items 25, 31, and 34). In total, 29 items were removed during the item analysis procedures.

Subscale Development. Based on the findings of Stewart (2004), a theoretically driven strategy was used to create item-groupings. In doing so, all of the image and emotion-themed items were grouped together to form one scale ($n = 23$). A reliability analysis was then performed and items with a corrected item-total correlation of less than .2 were removed (i.e., items 1, 3, 20, 36, and 47), leaving an 18-item scale. A one-factor principal component analysis was then performed on these items to confirm the scale. The resulting component held together with loadings ranging from .30 to .60. Items retained on the final scale and their respective loadings are shown in Table 10.

Items representing personal needs ($n = 10$) were then grouped together to form a second scale. Using a reliability analysis, all items with a corrected item-total correlation less than .2 were removed (i.e., items 16 and 21), leaving an 8-item scale. A one-factor principal components analysis further indicated that all of the items held together with loadings ranging from .37 to .61. The final solution for this subscale is presented in Table 11.

Psychometric Properties of the BONM: Community Sample

Following the establishment of the BONM subscales, descriptive statistics and psychometric properties were examined through a series of analyses. The reliability and validity of the BONM was evaluated through the exploration of the measure's internal consistency, inter-correlation, order effect, concurrent validity, and convergent validity.

Descriptive Findings. Fathers' responses on the two subscales were first examined on a descriptive level. On the 18-item image-emotional needs scale, the average number of parent-centred needs that fathers selected over child-centred needs was 7.16 (range $0 - 17$; $SD = 3.72$). On the 8-item personal needs scale, the mean score was 1.85 (range $= 0 - 7$; $SD = 1.69$). The frequency distributions for both scales are presented in Figures 1 and 2, respectively. Examination of the individual item responses for both subscales indicated that no one item was consistently endorsed by fathers.

Table 10

One Factor Principal Components Analysis of the BONM Image-Emotional Needs Scale for Community Sample

Image-Emotional Needs Items	Factor Loading
5. A. It's okay if my child is not good at the things that I did well when I was a kid. B. I don't want people to think that I am a bad parent.	.599
33. A. My child should follow our family's traditions and/or cultural practices. B. My child is an individual who may choose to follow his own path.	.585
60. A. My child doesn't have to agree with me. B. My child should show me respect.	.573
37. A. My child should be close to me and love me. B. My child shouldn't hear my personal concerns.	.548
38. A. Having a child gives me a sense of satisfaction with my life. B. My child should have many people in his life that he thinks are very important.	.536
4. A. It is important to me that my child follows in my footsteps. B. My child should wear whatever he feels most confident in, even if I think it looks bad.	.528
12. A. My child should appreciate the things that I do for him. B. My child shouldn't hear my worries and concerns.	.480
40. A. I often rely on my child to cheer me up when I am feeling down. B. I shouldn't expect my child to appreciate what I do for him.	.457
11. A. It makes me feel good to hear people comment on how well I am bringing up my child. B. It shouldn't bother me that my child does not recognize the things that I do for him.	.442
9. A. I would like my child to think that I am the most important person in his life. B. My child's feelings should always come before my own.	.441
41. A. My child is an important source of affection and support for me. B. When I am angry, I should stop to consider how my behaviour is affecting my child.	.414
32. A. My child should be able to pick his own friends. B. As a parent, I should pick who my child plays with.	.390
53. A. I don't like some of the styles of clothes kids that wear, but its ok with me if my child chooses to wears them. B. As a parent I should have a say in the style of clothing that my child wears.	.387
54. A. It frustrates me when my child doesn't do what I say. B. I can understand why my child gets frustrated with my rules.	.376

8. A. It frustrates me when my child acts up in front of my friends.   .362
    B. If my child is happy with his performance, then I am happy with his performance too.

39. A. My child's appearance reflects on me as a parent.   .360
    B. I should praise my child even when he is not doing something well.

29. A. Compromising with my child is important for his development.   .312
    B. As a parent, my child should listen to what I say without questioning my judgment.

22. A. It's frustrating when my child doesn't follow through on what's asked of him.   .300
    B. My child is just a kid, so it's ok if he doesn't do what is asked of him all the time.

Table 11

One Factor Principal Components Analysis of the BONM Personal Needs Scale for Community Sample

Personal Needs Items	Factor Loading
44. A. When I am busy, I need to have time to myself without my child interrupting. B. When my child has a quiz at school my priority should be to help them study.	.613
27. A. Having alone time with my partner is an important part of my day. B. My child needs me to spend time with him doing fun activities.	.612
7. A. I should try my best to meet my child's demands of me. B. My child should understand when I have had a bad day.	.590
28. A. I should be able to pursue hobbies/activities that interest me. B. My child should be supported in his activities, even if it interferes with my own hobbies/activities.	.522
23. A. After a day at work, I need some peace and quiet at home. B. My child needs to be able to make noise in the house.	.480
48. A. Given my schedule, I can't afford to spend too much time playing with my child. B. I think that playing with my child is an important part of my day.	.464
43. A. The things that I have to do each day are more important than what my child has to do. B. My child's need to play is very important.	.399
15. A. My child should realize that I cannot buy everything that he wants because I am already sacrificing a great deal for him. B. My child should have my full attention whenever he needs it.	.371

Figure 1. *Frequency of Image-Emotional Needs Scores in Community Sample*
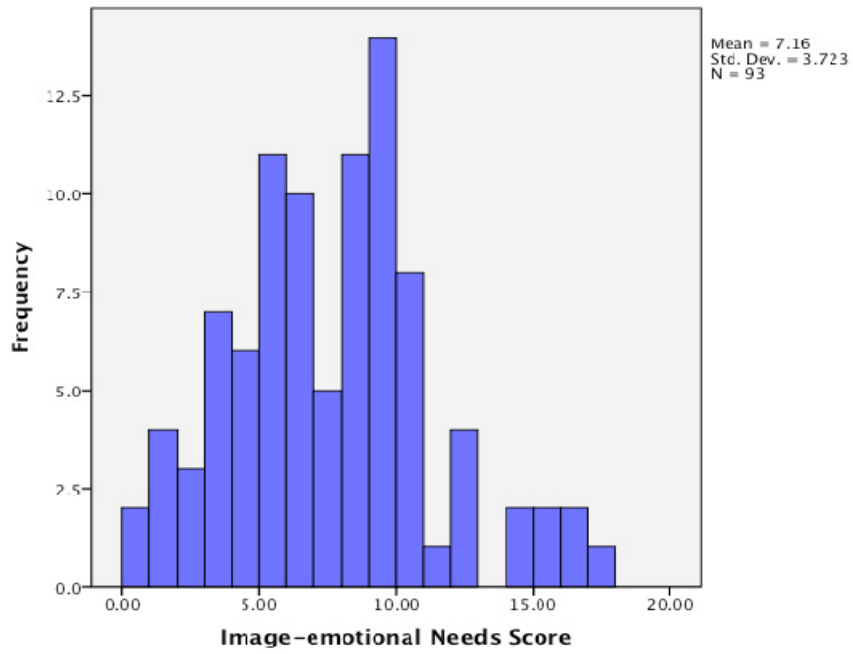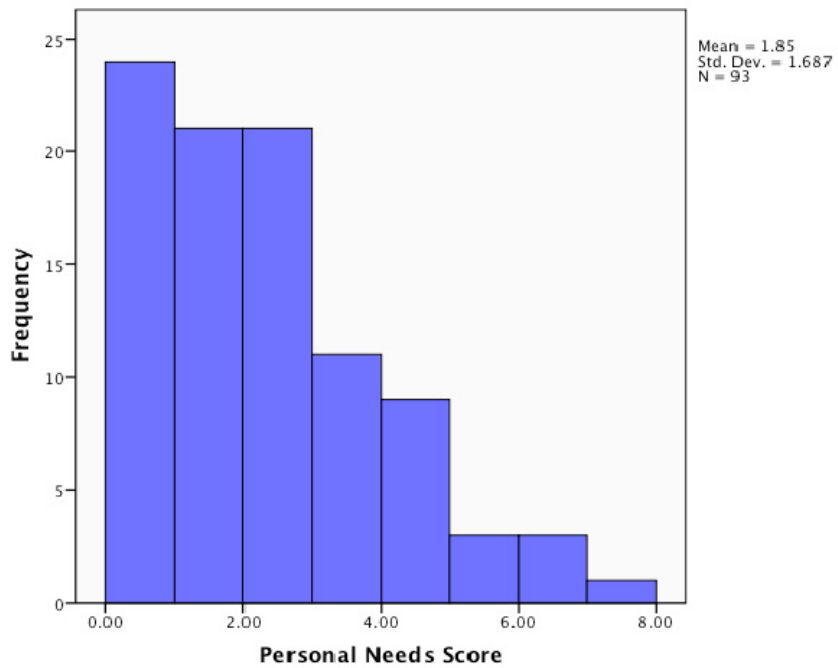

Figure 2. *Frequency of Personal Needs Scores in Community Sample*

Internal consistency and inter-correlation. To evaluate the reliability of the BONM, chronbach's alpha reliability coefficients were computed to assess the internal consistency of the items within each subscale. The resulting alpha coefficient for the image-emotional needs scale was .77, indicating good consistency among the items. The resulting alpha coefficient for the personal needs scale was less adequate at .59. Examination of the inter-correlation between the two scales revealed that the scales were moderately correlated, $r(93) = .42$, $p < .001$; however, the items that correlated with both scales were more strongly correlated with the scale to which they theoretically belonged.

Order effects. To further examine the reliability of the BONM, mean scores for men in each of the two administration groups were examined (see Methods sections for detailed information on the administration order). Results indicated that fathers who completed the BONM before any of the other self-report measures scored significantly lower (i.e., better) on the personal needs subscale ($M = 1.58$, $SD = 1.60$) than men who completed the measure in the middle of the questionnaire set ($M = 2.45$, $SD = 1.74$), $t(91) = -2.36$, $p = .02$. A similar trend was also evidenced among the mean scores of the two groups on the image-emotional needs scale, $t(91) = -1.81$, $p = .07$. Fathers who completed the BONM prior to the other self-report measures scored lower (i.e., better) ($M = 6.70$, $SD = 3.77$) on the image-emotional needs subscale than men who completed the measure in the middle of the questionnaire set ($M = 8.19$, $SD = 3.47$).

Concurrent and Convergent Validity. The validity of two BONM subscales was examined using a series of bivariate Pearson correlational analyses that included congruent constructs from the SIPB, AAPI, and PSI (see Table 12). Concurrent validity was evaluated first. It was expected that men's self-report scores on the BONM would be correlated with the score they obtained on the Self-Important Parenting Beliefs Scale (SIPB), thereby indicating that the measures tapped similar underlying constructs. Support was only provided for the image-emotional needs scale. With regard to convergent validity, it was expected that the two BONM subscales would be related to the ability to empathize with children. Support was obtained for both scales. It was also expected that men's ability to balance needs would be related to their feelings of entitlement; however, support was only obtained for the image-emotional needs scale.

Table 12

Correlations between the BONM Scales and Related Validity Constructs

	BONM Scales			
	Image-Emotional Needs		Personal Needs	
Validity Constructs and Corresponding Measures	*r*	Supported	*r*	Supported
Concurrent Validity				
Self-Important Parenting Beliefs (SIPB)	.38***	Yes	.14	No
Convergent Validity				
Empathy (AAPI)	-.50***	Yes	-.42***	Yes
Entitlement (MvO)	.32**	Yes	.24	No

** p < .01 *** p < .001

Exploratory Analyses. As evaluation of men's prioritization of parent-child needs is relatively new, exploratory analyses of the data collected from the community sample were also conducted. It was hypothesized that men's ability to balance needs would be related to role-reversal in the parent-child relationship and inappropriate expectations. The relationships among these constructs and several additional parent-child relationship variables were assessed via bivariate correlations using a significance level set at *p* = .01 to control for Type I error. Several interesting findings emerged (see Table 13). As expected, fathers' balancing of both image-emotional and personal needs was related to role reversal, suggesting that greater endorsement of parent needs leads to higher risk for role reversal.[9] Only men's ability to balance image-emotional needs was related to developmentally inappropriate expectations. Although neither scale was significantly related to the quality of the parent-child relationship or to the level of parenting stress experienced by the father, trends were observed in the direction of significance for the image-emotional needs scale.

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[9] Low scores on the AAPI indicate higher risk for practicing known abusive parenting practices whereas, high scores indicate parenting attitudes that reflect a nurturing, non-abusive parenting philosophy

Table 13

Correlations between BONM and Abuse Related Constructs

Constructs	Image-Emotional Needs	Personal Needs
	r	r
AAPI		
Role Reversal	-.63***	-.29**
Inappropriate Expectations	-.49***	-.14
Corporal Punishment	-.28**	-.25
Power-Independence	-.10	-.05
PSI		
Total Parenting Stress	.24	.22
CPRS		
Conflict	.24	.21
Closeness	-.11	.02
Positive Relationship	-.25	-.16

** $p = < .01$ *** $p < .001$

Psychometric Properties of the BONM: Clinical Sample

Following examination of the BONM using a community drawn sample, the revised 26-item measure was administered to a clinical sample that consisted of fathers enrolled in an intervention program for maltreating parents. The psychometric properties (i.e., internal consistency, inter-correlation, and discriminant validity) of the measure were examined through a series of analyses.[10] Discriminant validity was evaluated by comparing the scores of the clinical sample to those of the community sample. Concurrent and convergent validity analyses were not conducted for the clinical sample because clinical participants did not complete the measures required for these analyses.

Internal consistency and inter-correlation. Chronbach's alpha reliability coefficients were computed to assess the internal consistency of the items within the two scales for clinical sample fathers, followed by examination of the inter-correlation between

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[10] Given that clinical participants reported on children with a wider age range (1 - 19, $M_{age} = 8.68$, $SD = 4.96$) than community participants (8 - 12, $M_{age} = 9.95$, $SD = 1.36$), analyses were computed for the full clinical sample ($n = 85$) and then re-run using only those clinical participants who reported on children between the ages of 8 and 12 ($n = 19$). The resulting findings were conceptually similar.

subscales. The resulting alpha coefficient for the 18-item image-emotional needs scale was .69, indicating fairly good consistency among the items. The resulting alpha coefficient for the 8-item personal needs scale was less adequate at .60. Removal of items with lower item-correlations did not significantly impact the resulting alpha for either of the scales. A Pearson correlation analysis indicated that the two scales were correlated, $r(79) = .29$, p < .01; however, the items that correlated with both scales were more strongly correlated with the scale to which they theoretically belonged. The one exception to this was item 9, which theoretically belonged to the image-emotional needs scale and which was equally correlated with the image-emotional needs scale ($r = .37$) and the personal needs scale ($r = .39$).

Discriminant Validity. As a means of investigating the discriminant validity of the BONM, scores from the clinical sample were compared to those of the community sample. The means and standard deviations for the clinical and community sample are presented in Table 14. An independent (two-sample) *t*-test was conducted to evaluate whether clinically referred fathers differ from community drawn fathers in their ability to balance image-emotional needs. Results indicated that the means of the two samples were significantly different, $t(172) = 2.89$, $p = .004$, but in the opposite direction than hypothesized, with clinical sample participants scoring lower (i.e., better) than community sample participants. A second independent (two-sample) *t*-test evaluating fathers' ability to balance personal needs revealed a similarly significant non-hypothesized difference $t(172.886) = 3.721$, $p = .000$. Equal variances were not assumed between the groups compared as Levene's Test for Equality of Variances was significant ($F = 4.528$, $p = .035$).

Table 14

Means and Standard Deviations for the BONM Scales as a Function of Sample

BONM Scale	*M*	*SD*	*n*
Image-Emotional Needs			
Community fathers	7.16**	3.72	93
Clinical fathers	5.65	3.09	81
Personal Needs			
Community fathers	1.85***	1.69	93
Clinical fathers	1.00	1.35	85

** $p = < .01$ ***$p < .001$

Discussion

Within the literature, it has been suggested that maltreating fathers lack recognition and prioritization of children's needs for love, respect, and autonomy and that this inability to prioritize needs is primary to their maltreatment of children (Bancroft & Silverman, 2002; Scott & Crooks, 2004, 2007; Stewart, 2004). Although logical, there has been relatively little empirical investigation of this potentially significant dynamic of abuse. The current study aimed to further our understanding by revising and re-evaluating a self-report measure of men's prioritization of parent and child needs. Overall, results from the study were quite mixed. Support was obtained for the internal consistency and construct validity of the image-emotional needs subscale of the measure; however, discriminant validity was not supported. Less support was obtained for the personal needs subscale of the measure, with results indicating marginal internal consistency, minimal support for construct validity, and no support for discriminant validity. In stark contradiction to expectation, maltreating fathers reported a better ability to balance needs on both scales than fathers drawn from a community sample. Results for the two scales of the BONM are further discussed, along with consideration of future measure use and limitations of the current findings.

Fathers' Ability to Balance Needs within the Parent-Child Relationship: Image-Emotional Needs

In examining fathers' ability to balance needs in the parent-child relationship, two separate domains were examined. The first domain related to the psychological needs of the parent and child. Items on the image-emotional needs subscale of the BONM tap a range of psychological needs, including how the child reflects on the father and who provides and receives emotional support and comfort in the relationship. Overall, fathers ranged significantly in the scores they received on this scale. For some fathers, their ability to balance needs appeared excellent, with greater attention given to the needs of their children than to their own. It was notable that no one item was consistently endorsed by these fathers, thereby highlighting that, even among relationships marked by a healthy level of prioritization, parents vary in the needs they deem most important. A significant proportion of fathers displayed an average ability to prioritize needs, as evidenced by an appropriate amount of give and take within the father-child relationship. There was also a third group of fathers whose self-report responses indicated a poor ability to balance needs. While there

was some evidence of give and take in the parent-child relationships of these men, parental needs were not always sufficiently co-opted by child needs.

Fathers' responses to the image-emotional needs items were related to several risk-factors for child maltreatment, thereby providing support for the construct validity of the subscale. In particular, it was observed that men who placed a greater emphasis on meeting their own image and emotional needs were more likely to report problems with empathy, entitlement, role reversal, developmentally inappropriate expectations, and beliefs in corporal punishment. Current findings are consistent with past research on the balance of needs construct, which has shown that fathers who are less able to balance needs are more likely to have poorer connections with their children, hold rigid beliefs, and deny responsibility for difficulties in the father-child relationship (Stewart, 2004).

Given the literature on empathy, entitlement, and child maltreatment, it was expected that maltreating fathers would report greater difficulty with balancing parent and child needs than their non-abusive peers. Preliminary data from the current samples did not support this hypothesis. In sharp contrast to expectation, the self-report responses given by maltreating fathers suggest they were *better* at recognizing and prioritization needs within the father-child relationship than non-maltreating fathers. It remains unclear, at this time, why the clinically referred fathers scored more favourably. One possible explanation is that the hypothesis that maltreating fathers put their own needs ahead of those of their children is incorrect. A more likely explanation is that this finding may be a result of socially desirable responding. Fathers enrolled in treatment may have felt defensive about their parenting and/or may have wished to portray themselves in a favourable light. Results from the community sample confirm that context does impact response to the BONM, as men who completed the measure prior to any other measures scored better than those who completed the measure later in the questionnaire order.

Fathers' Ability to Balance Needs within the Parent-Child Relationship: Personal Needs

The second domain examined by the BONM is personal needs. Items on the personal needs subscale measure the more physically based needs that exist within the parent-child relationship, such as time alone for the parent or homework assistance for the child. In contrast to findings from the image-emotional needs subscale, fathers' scores on the personal needs subscale were not normally distributed. A significantly larger proportion of fathers

chose a pattern of responses indicating they would most frequently co-opt their own needs for those of their child. In fact, just over one quarter of fathers reported that they would put their child's personal needs ahead of their own in every case presented.

Examination of the psychometric properties of the personal needs subscale revealed very minimal support. The internal consistency of the scale was marginal and there was a notable lack of support for the construct validity of the scale. The scale was not strongly related to any of the risk factors for abuse examined. As with the image-emotional needs scale, there was also no support for discriminant validity. Maltreating fathers again reported healthier balancing of needs than fathers drawn from the community.

Overall, current psychometric findings for the personal needs scale are similar to the findings obtained for the earlier version of the measure (i.e., Stewart, 2004). Given that the scale has failed to work in two separate community samples, this raises the question as to why a self-report measure of personal needs does not work. One potential reason is that, within a community sample, the measure of this construct might be at "floor." This interpretation is supported by the high number of fathers who failed to endorse any parent-centred needs, and by the non-normal distribution of men's responses. Related to this, a second reason why the personal needs scale does not work is that the construct of misbalanced needs as a maladaptive parenting process may be highly specific to abusive and neglectful parents and therefore not measurable in healthy samples. While this suggestion may seem suspect given that maltreating fathers scored better than community fathers, the role of socially desirable responding needs to be strongly considered. Even within the community samples, socially desirability is a possibility. Socially desirably responding is therefore a third speculated reason for why the personal needs scale does not work. Compared to the image-emotional needs scale, the items on the personal needs scale are potentially more transparent (i.e., more tangible and socially defined), therefore making more recognizable the (socially-desirable) need to co-opt parental needs for child needs. This conjecture seems highly likely given past research by Stewart (2004) which showed that fathers' endorsement of parent-centred personal decreased as their scores on a social desirability scale increased.

Measuring the Balance of Needs Construct

Clinical observation and empirical research suggest that at least one aspect of parents' ability to balance needs (i.e., image-emotional needs) appears to be an important construct in

understanding men's abuse and neglect of their children; however, the best way to measure this construct remains unclear. Empirical data collected to date suggest that fathers' ability to balance parent-child needs may not be well measured through self-report methods. The forced-choice format of the BONM was initially reasoned to be advantageous given that respondents had to consider two items relative to each other and pick the one item that they agreed with the most, thereby selecting either a child-centred or parent-centred need. This was deemed somewhat analogous to the process that occurs in real life situations, whereby parents are often forced to choose between their own needs and those of their children. However, as previously discussed, psychometric support was only obtained for one of the BONM scales (i.e., image-emotional needs) and even then appears to be dependent on context (i.e., questionnaire order). Furthermore, the BONM was found to perform opposite to what was expected (i.e., maltreating fathers scored better). So, either the construct is wrong (i.e., balance of needs is not associated with abuse), which is not likely given clinical observation (Bancroft & Silverman, 2002; Scott & Crooks, 2004), theoretical support (refer to literature review section), and correlations with risk factors for abuse (e.g., empathy, entitlement, role reversal), or the measure is too influenced by setting and social-desirability to offer a valid and consistent assessment of this construct.

One might argue that a self-report rating scale may have been more effective at capturing the balance of needs dynamic, given the well-documented support for rating scale formats. However, an earlier version of the Balance of Needs Measure (BONM-RS; Stewart, 2004) that was formatted as a rating scale proved to be less effective at measuring this dynamic than the forced choice version. In the rating scale version of the BONM, fathers were required to use a five-point Likert scale to rate the importance of an individual item that was either child-centred or parent-centred. Although support was obtained for the concurrent validity of the two subscales within the rating scale (i.e., one scale that measures parent needs and another that measured child needs), support was not obtained for the convergent validity of either scale. One plausible explanation that was proposed by Stewart (2004) for why convergent validity was not obtained was that, when parents are not forced to directly choose between two different needs, the underlying processes (e.g., empathy) used in choosing between two persons' needs may not be required to the same degree as there is not a decision to be made regarding whose needs should be met. In other words, when presented with just a

child need, all parents may agree with the importance of meeting this need; however, when faced with deciding between two people's separate needs, parental empathy is then required, as the parent has to weigh the needs relative to each other and decide whose needs are most important to meet. Yet, current research suggests forced choice is not an optimal way to measure this either.

Given the measurement problems evidenced for both forced-choice and rating scale self-report measures, the best way to capture the balance of needs construct may be through the use of a semi-structured interview. Such a format would allow for the collection of unique and valuable information, such as specific examples of needs-based conflicts present within each father's parent-child relationship, while also imposing a degree of standardization to the measure. Having fathers talk openly about needs within their parent-child relationship would also allow for spontaneously provided information that may not otherwise be captured through paper response measures. Furthermore, given that ratings on semi-structured interviews combine subjective report, observations of behaviour, and clinical judgment, this would be a particular advantage when assessing behaviours that people may feel are socially undesirable (Zimmerman, 1994).

Limitations and Suggestions for Future Research

Findings from the current study must be interpreted within the context of several methodological limitations. As previously discussed, one of the notable limitations of the study is the potential for socially desirable responding. As self-report lends itself more easily to social desirability responding, future research would benefit from including alternate methods of data collection that assess automatic or spontaneous attitudes or behaviours. Examples that may be of value to future research include semi-structured interviews, spontaneous speech samples, and behavioural observation of parent-child interactions. It is also noted that the relationship between men's self-reported ability to balance needs and their actual parenting practices was not established in the current study. It is possible that fathers may be able to recognize child needs in a research setting (via paper and pencil questionnaire), but struggle with the process of balancing needs during stressful parent-child interaction. Collateral information on actual parenting practices (e.g., behavioral observation, third party report) would help further our understanding in this regard and perhaps clarify the role of social desirability.

A second important limitation of the current study is the lack of consistency between data collected for the community and clinical samples. Clinically referred fathers reported on children with a wider range age than community fathers, making comparisons less reliable and valid. Clinical fathers also completed fewer questionnaires, which did not allow for a complete examination and comparison of validity. Furthermore, significant differences between the characteristics of the two samples examined were observed. In particular, fathers in the community sample were significantly older, more educated, and had fewer children than men in the clinical sample. The clinical sample, in comparison, was notably more disadvantaged, as evidenced by lower levels of education and higher rates of unemployment. Such biases limit our ability to generalize the results to samples of maltreating fathers from different socio-economic backgrounds.

In the current study, the role of culture in men's prioritization of needs was not examined. It is possible that variability due to differing cultural practices may have impacted men's individual responses and the resulting findings. Once measure development concerns are addressed in future research, examination of the role of culture in parental balancing of needs will be important in establishing the validity of the construct among varying cultural groups.

Despite these noted limitations, the current work draws attention to a potentially important dynamic of maltreatment. Although measurement development efforts were not as successful as hoped, theory and empirical evidence do suggest that balance of needs is a construct worth continued investigation. To further our knowledge of this dynamic, improved ways of measuring this construct are most certainly needed. Other important avenues of exploration include establishing the relevance of balance of needs to specific forms of abuse (i.e., neglect, physical abuse), determining the mechanism or processes that underlie parental misbalancing of needs, and examining how misbalanced needs relates to theories and models of maltreatment.

Conclusion

The current findings question the capacity of self-report to measure balance of needs construct. It was evident that fathers do vary in terms of their ability to balance parent-child needs and that men who are unable to balance parent and child needs share several traits evident among maltreating parents and violent men more generally. While results provide

support for the relevance of the balance of needs construct to father-perpetrated maltreatment, the best way to measure this construct remains unclear. Further empirical exploration of measures dedicated to evaluating the recognition and prioritization of needs is needed so that we may better understand the process, and implications, of fathers' inability to balance parent and child needs and determine whether in fact this is a construct that it is truly important to understanding their abuse of children. With an increased understanding of how misbalanced decision-making leads to child maltreatment, researchers and clinicians will be in a better position to effectively prevent and intervene in abusive father child relationships.

Chapter 4

Despite the high prevalence of father-perpetrated abuse, relatively little empirical attention has been given to men who abuse and neglect their children (Crooks et al., 2006; Dubowitz, 2006, 2009; Guterman & Lee 2005; Haskett et al., 1996). This lack of attention to maltreating fathers is problematic, as it has not allowed for a complete and adequate examination of the context in which maltreatment occurs (Muller & Diamond, 1999). Furthermore, without an empirically grounded understanding of these men, the risk and protective factors associated with their abuse of children remain unclear. Our ability to provide effective intervention and prevention services therefore remains limited due to the corresponding lack of knowledge regarding their special needs. Services provided may therefore be ill equipped to help men overcome their problematic parenting and may not contribute adequately to efforts to ensure the safety and well-being of children in their care.

In recognition of the critical need for a more empirically based understanding of maltreating fathers, the current dissertation applied novel and theoretically grounded approaches to exploring the relational dynamics that potentiate risk for father-perpetrated maltreatment. By moving beyond static risk factors to examine the dynamic, interactional nature of risk for abusive and neglectful father child relationships, this work builds on past studies which have tended to focus more on the consequences of maltreatment rather than etiology and prevention (Fiering & Zielinski, 2011). These studies also represent advances to the knowledge base in that they use father self-reported data, moderately large data sets, and multiple methodological approaches. In doing so, these studies generate important new insight into the father-child relationship that could not be previously captured through studies based on information collected from mothers about fathers or through indirect methods, such as father's demographic variables. To facilitate discussion on how this knowledge improves our understanding, each study's contribution to the field is reviewed, along with a more general discussion of limitations and future directions for the field at large.

Understanding Diversity in Problematic Father-Child Relational Dynamics

The goal of the first study was to explore diversity in the relational dynamics that characterize abusive and neglectful father-child relationships. Data from a sample of fathers clinically referred for treatment due to concerns of maltreatment were used to discern patterns of parenting using both theoretical and statistical approaches to classification.

Although exploratory, it was hypothesized that men would show problems predominantly in one of five areas: emotional unavailability and unresponsiveness; negative attribution, harshness, and rejection; developmentally inappropriate expectations and interaction; failure to recognize a child's individuality and psychological boundary; and exposure of a child to hostile or abusive inter-parental relations. Contrary to expectation, little support was obtained for the predominant problem hypothesis. Although methodological limitations may play a role, results indicated that men were more clearly differentiated by the degree of severity evidenced across their problematic parent-child interactions, than by differences in the specific pattern of problems they experienced. Men whose relationship dynamics were rated as most severe were the most emotionally unavailable, hostile and rejecting, developmentally inappropriate, domestically violent, and self-centred in parenting.

While the pattern of results was somewhat unexpected, the differentiation of fathers based on severity of functioning is consistent with findings in several areas of family violence literature. In the child maltreatment literature, the experience of maltreatment itself is viewed along a dimension of severity, with literature on poly victimization describing how children who experience higher levels of victimization generally show poorer outcomes (Finkelhor et al., 2007; Teicher et al., 2006). Looking specifically at differences among maltreating parents, Haskett and colleagues (2004) identified two groups of parents that essentially reflected good versus bad parenting: one group was described as warm, positive, sensitive, and engaged during parent-child interaction and the other was negative, insensitive, and either disengaged or intrusive. Most consistent with current results are findings in the batterer literature, where research has clearly established a dimension of severity among perpetrators of domestic violence. This was recently evidenced in a review and synthesis of the typology literature by Cavanaugh and Gelles (2005), which revealed three types of batterers common across the empirical literature: a low, moderate, and high-risk offender. Particularly notable about this outcome is that the competing hypothesis within the batterer literature has also been one of different types of batterers.

Information gleaned from Manuscript 1 provides important new insight into paternal risk for maltreatment and advances our understanding of men who abuse and neglect their children. In addition to delineating differences of severity, a profile of paternal risk was highlighted that differs in several important ways from what is most typically seen in the

literature. First, although past research shows similar patterns of risk across the major forms of abuse (Stith et al., 2009); fathers' interview ratings across the five dynamics explored were not always consistent in the risk factors associated with them. Men rated as having poor psychological boundaries with their children reported a different pattern of risk than men with problems in the other four dynamics examined. Second, maltreating fathers reported a number of risk factors not commonly seen in samples of abusive and neglectful mothers: those being higher levels of arrest, assault, and perpetration of domestic violence. These findings are consistent with the findings of Francis and Wolfe (2008), who found that over half of abusive fathers had charges for violent offenses, including assault, spouse abuse, assault with a weapon, armed robbery, extortion, and sexual assault. Lastly, maltreating fathers presented with a pattern of parenting marked by an inability to appropriately balance parent and child needs. Men whose relational problems were rated as more severe consistently reported greater difficulty with recognizing and prioritizing the needs of their children.

When taken together, the information gleaned on the ways in which maltreating fathers differ from each other (i.e., severity) and from mothers (i.e., different profiles of risk) begins to suggest that paternal risk for maltreatment may be best conceptualized along multiple dimensions, specifically level of risk and types of need. Multi-dimensional risk assessment is common within the criminal justice literature – a literature base that seems highly relevant to maltreating fathers given the overlapping risk factors of assault, arrest, and domestic violence. Risk assessment in this field is based on a risk-needs-responsivity model that proposes the need for consideration of all three of these aspects in treatment planning. In terms of risk, the model purports that problematic behaviour can be predicted based on differing levels of risk and that offenders regarded as high-risk require more intensive services and treatment, whereas low-risk offenders require minimal or no intervention (Blanchette & Brown, 2006; Ward, Mesler, & Yates, 2007). The needs principle further asserts that intervention services provided should target criminogenic needs (i.e., those needs related to criminal behaviour) in order to effectively reduce the offender's problematic behaviour. Furthermore, in providing this intervention, treatment plans should match the ability and learning style of the individual offender, while taking into consideration responsivity factors, such as gender, culture, anxiety, and so forth (Cormier, 2009). In

thinking about maltreating fathers, if these men similarly vary along level of risk (i.e., severity) and types of need (i.e., profiles of risk), paternal risk assessments may also need to capture both of these dimensions in order to adequately evaluate risk and treatment needs. Furthermore, in addressing treatment needs, responsivity factors specifically related to fathers may also be important to understanding this population and would be a profitable direction of future study.

Exploring Men's Recognition and Prioritization of Needs within the Father-Child Relationship.

One of the interesting findings that emerged from Study 1 was the consistent association between severity of problematic parent-child functioning and inability to appropriately balance parent-child needs. Study 2 therefore aimed to explore men's recognition and prioritization of needs within the father-child relationship. This was accomplished by: reviewing theoretical support for the balance of needs construct; examining the psychometric properties of a self-report measure designed to measure the ability to "balance of needs;" and comparing responses from maltreating and community fathers for discriminant validity. Some support for the BONM was gained in the normative sample, as the measure showed reasonable internal consistency for one of the subscales and evidence of concurrent validity was observed. Fathers who placed a greater emphasis on meeting their own needs were more likely to report problems with empathy, entitlement, role reversal, developmentally inappropriate expectations, and beliefs in corporal punishment: each of which has been empirically identified as correlates of abusive and neglectful parenting. Contrary to expectation, a major aspect of validity was not supported in that the normative sample reported *more* problematic scores than the abusive sample. While the reasons for this highly unexpected result are more fully outlined in discussion of Study 2, social desirability factors were deemed to play a key role.

In considering past clinical observation (e.g., Bancroft & Silverman, 2002; Scott & Crooks, 2004) and current results, the balance of needs construct appears to be an important concept in understanding men's abuse of children; yet, efforts to explore this dynamic have not been as successful as hoped. This raises questions with regard to whether or not the balance of needs construct should be abandoned. At this time, there is enough evidence to suggest that continued investigation of this construct is warranted. In Study 1, fathers' ability

to balance of needs was the most consistent factor associated with level of severity in father-child relational problems. In Study 2, BONM scores were related to a number of abuse-related constructs supported in the empirical literature (e.g., empathy, developmentally inappropriate expectations etc.). Similar results for validity were found in the work of Stewart (2004), whereby poor balancing of needs was associated with a lack of connection to children, rigid beliefs, and denial of responsibility for difficulties in the parent-child relationship. Finally, clinicians working with abusive and maltreating fathers have clinically observed this dynamic in men and assert that men's inability to prioritize needs is primary to their maltreatment of children (i.e., Bancroft & Silverman, 2002; Scott & Crooks, 2004). Continued investigation is therefore well warranted.

As research moves forward, a key task will be to develop effective ways of measuring parental misbalancing of needs. Also important will be delineating the underlying processes involved in its occurrence. Theory presented in Chapter 3 suggested that problems related to empathy and entitlement have important implications for understanding a parent's inability to recognize and appropriately prioritize children's needs. While current findings support for the role of these constructs in parental misbalancing of needs (at least for image-emotional needs), it is likely that the complex problem of misbalanced needs is multi-factorial. One avenue for continued exploration is examination of parent choices and the processes that underlie parental decision-making. Within this path of investigation, several routes can be taken; however, one that may be of potential is consideration of the role of selection, optimization, and compensation (SOC) in resolving conflicting demands and conflicts. First developed to explain successful adaptation to loss of resources in aging, this model is based on the assumption that limited resources (e.g., mental capacity, time) require people to make choices about those resources (Baltes, 1997; Freund & Baltes, 2002). Selection refers to the setting of goals due to loss of resources or limited resources. Optimization occurs when changes are made to the allocation or refinement of resources. Compensation denotes the use of alternate means to maintain desired level of functioning due to decreased resources. People who use effective SOC strategies report healthier levels of functioning (e.g., lower amounts of job stress and family stress which translate to lower levels of work-family conflict). In thinking about maltreating fathers, SOC may be one way to conceptualize the regulation of resources by maltreating parents and the errors they make in allocating

resources within the parent-child relationship. The SOC strategies used by these parents appear to favor themselves over those of their children and detailed investigation of the processes involved would help clarify the underlying decision making process used by these parents.

Another possible mechanism that may underlie misbalanced needs is an inability on the part of the parent to infer the mental states of their children. In the sexual offender literature, theorists have examined the interplay of cognitive, affective, and intimacy deficits in understanding the behaviour of offenders (Ward, Keenan, & Hudson, 2000). It is proposed that the offenders' difficulties with establishing relationships, empathizing with their victims, and viewing their behaviour as negative can be attributed, in part, to a deficit in theory of mind. Interestingly, the theorists further note that the severity and entrenched nature of an offender's problems with inferring mental states may vary based on whether the problems are caused by a lack of knowledge of others' states or a lack of motivation. In thinking about the parenting of maltreating fathers, understanding how their theory of mind relates to their ability to recognize and prioritize children's needs may help clarify, in part, the underlying process of misbalanced needs. Exploring their knowledge of child's mental states and their lack of motivation may also be informative lines of future investigation. In discussing motivation, questions are further raised with regard to parental investment and how devoted (or not devoted) maltreating parents are in their role as a parent.

Quite clearly, there remains much to be explored with regard to understanding the balance of needs construct. Nevertheless, given the seemingly complex nature of this construct, an integrative theory that links literature on a variety of factors, such as cognitive errors, emotional availability/socialization, and investment in the parenting role, is most likely needed.

Summary of Key Themes of the Current Work

When taken together, several important themes emerge from the studies in this dissertation. One is that, in conceptualizing fathers' abuse of children, a multidimensional interpretation of maltreating fathers is likely needed. Current results support viewing fathers and their problematic relationship dynamics with children along a continuum of severity; however, emerging evidence of unique risk factors for men suggests that men's profiles of risk need to be equally considered. A second important outcome was that, although

misbalanced needs appears to be an important construct in understanding men's abuse of children, the best way to measure men's ability to balance parent and child needs remains unclear. Further exploration of the theoretical underpinnings of this construct, and empirically-based measures dedicated to evaluating the recognition and prioritization of needs, is needed so that we may better understand the process, and implications, of fathers' inability to balance parent and child needs and determine whether in fact this is a construct that it is truly important to understanding their abuse of children. Continued exploration of the theoretical underpinnings of this potentially significant construct is also well warranted.

Research and Clinical Implications

Although exploratory in nature, the insight gained from the current work on father-child dynamics provides a springboard for discussion on potential implications for research and practice. As already noted, findings related to severity and profiles of paternal risk have implications for risk assessment. Traditionally, risk assessment in child protection has been largely based on the evaluation of risk factors, with relatively greater attention given to current risk. Current findings advocate for the expansion of risk assessments to include a multidimensional approach to evaluation that incorporates both severity and risk/needs. In the domain of criminal justice, risk is assessed by evaluating current offenses and severity of the perpetrator's history of offending, thereby assessing risk differently from current child protection. Given how current results related to maltreating fathers map onto findings for criminal justice offenders (i.e., severity and risk re: assault, arrests, domestic violence), incorporation of a multidimensional assessment, such as the risk-needs-responsivity framework, may be beneficial.

Within the field of risk assessment, there is a need for a range of empirically validated tools for assessing child abuse and neglect. This is particularly true with regard to evaluating the parenting of maltreating fathers. Current results showed that risk factors commonly used to identify risk for mothers were not reliably associated with ratings of problematic relational functioning for fathers, and that the other risk factors unique to father exist (i.e., assault, arrest, domestic violence). These results suggest the need to develop risk assessment tools designed specific for fathers. In developing such measures, tools are needed that not only evaluate incidents of father-perpetrated abuse, but that also assess the relational dynamics that underlie parental risk for child maltreatment and the proximal emotional and cognitive

risk factors for men's abuse. In Study 1, problematic father-child dynamics were well captured through a semi-structured interview format and with good inter-rater reliability; however, the time for such interviews is often not feasible in clinical and research practice. With this in mind, Study 2 aimed to establish a self-report measure of a specific dynamic: fathers' ability to balance needs. Psychometric findings were not as successful as hoped and it was speculated that social desirability might have played a role. The need to present in a socially desirable manner is a limiting factor across many types of research and self-report measures are perhaps the most susceptible to this method of responding. Nevertheless, researchers need to make a concerted effort to develop user and resource friendly risk assessment tools that can detect risk before abusive acts occur, particularly tools that are effective for use with fathers. Without instruments for early identification, key difficulties in parenting and in the parent-child relationship are often missed or misdiagnosed; resulting in inappropriately targeted interventions and lost opportunities to prevent maltreatment.

From a treatment perspective, current findings have important implications for practice with maltreating fathers. The prevalence of the dynamics explored, and the range of difficulty evidenced within each of these dynamics, highlights the relevance of these relational problems to understanding men's abuse and neglect of children. From an etiological point of view, parent-child dynamics are key risk potentiating factors as they set the relational context for maltreatment to occur and, to the extent that they remain unremitted over time, propel the parent towards increasingly abusive and neglectful behaviour. Targeting these dynamics therefore has the potential to ameliorate the experience of maltreatment for children. A promising aspect of these findings is that each of the dynamics examined can be targeted directly in cognitive, behavioural, and dyadic treatment approaches and are therefore easier to address therapeutically than personality traits and other more static demographic risk factors (which are often the focus of risk assessment). The knowledge acquired through these studies can therefore help clinicians tailor their treatment programs to meet the needs of the men in their practice and can be incorporated into future research aimed developing intervention programs for fathers at risk of abusing their children.

Limitations

In examining patterns of risk in the father-child relationship, the current work has several limitations that are important to consider when interpreting results. For both studies,

concerns regarding socially desirable responding limit confidence in the findings, as fathers engaged in clinical services may have reported defensively or may have felt internal pressure to respond in socially approved manner out of concern for how they may present. Several biases inherent in the samples of both studies also warrant consideration when generalizing results. Nearly all of the fathers in the clinical sample came to the attention of family service providers, and maltreating fathers who escape detection may differ in important ways from those who do not. The clinical samples were also notably disadvantaged (i.e., low levels of education and high rates of unemployment), which limits the ability to generalize to fathers from different socio-economic backgrounds. It is also important to note that our understanding of how father-child relational dynamics vary by age (i.e., father age and child age), culture, and different forms of abuse remains limited as well. Future research would benefit from thoughtfully considering the role of each of these factors in men's relationships with children.

More broadly, we are reminded of the limitations that have historically restricted our understanding of this population. Recruiting fathers into research and clinical service has been a long-standing challenge (Bellamy, 2009; Duggan et al., 2004). Practical barriers that have impeded recruitment of fathers have included work schedules, transportation difficulties, low inclination to participate in research and services, and a sense that services do not address their needs (Dubowitz, Lane, Ross, & Vaughan, 2004). There has also been reluctance among researchers and practitioners to include fathers. As described in more detail in Chapter 1, part of this has stemmed from a bias towards seeing mothers as the person with the primary care giving responsibilities and therefore as the parent most responsible for ensuring that children are safe and cared for. Service providers have also shown reluctance to engage fathers due to the stereotypes of fathers as uninvolved or irrelevant in their children's lives, or too aggressive, hostile, or resistant to engage in such services (Scourfield, 2006).

A second factor that has limited our understanding of fathers is the lack of knowledge regarding the differences between maltreating mothers and fathers. Much of the child maltreatment literature is based on data from mothers and, in the absence of father-specific data researchers have often looked to this knowledge base to inform their understanding of men. Such information may not be completely relevant to fathers, however. In reflecting on

the current work, understanding of the relational patterns of men and children is built largely on knowledge from the mother-child relationship; however, there may be important aspects of the father-child relationship that are not being captured. To more fully understand fathers, researchers need to comprehensively assess the nature of men's relationships with children and their involvement in maltreatment (Bellamy, 2009; Black et al., 1999).

Despite such challenges, the current study offers an example of what can be achieved with samples of fathers. Men have much to share about their relationships with children and the information they provide is both valuable and unique. By gathering this information from men directly, important insight can be gained into their perceptions and needs – information at could not be acquired through other sources, such as mother-report. Reflection on the barriers and limitations that have impeded work with fathers can help researchers and practitioners move forward towards developing strategies for engaging fathers and building the knowledge base.

Conclusion

The manuscripts included in this dissertation begin to discern some of the problematic relational dynamics that underlie father-perpetrated maltreatment. This work represents advances in the conceptualization of abusive and neglectful father-child relationships by moving beyond static risk factors and examining the dynamic, interactional nature of abusive and neglectful relationships. Particularly notable is that the studies presented use two of the largest father-specific data sets collected to date, along with multiple methodological approaches to inform our understanding of fathers' relationships with children. In order to properly characterize maltreating fathers and their relationships with children, continued attention needs to be given to the differences that exist among these men. Only in this way can we begin to better understand the different motivations for their abusive behaviour, the different co-occurring psychological or mental health concerns that impact their parenting, and the different treatment needs that are paramount to intervening in their abusive behaviour. It is hoped that these manuscripts provide an impetus for increased attention to maltreating fathers and that new methodological and conceptual advances will continue to inform this important area of work.

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Appendix A

Risk Interview Schedule for Children (RISC)
Scott, 2002

I.   Establish child that you feel most willing to work on your relationship with
Which of your children do you feel that you most need to establish a better relationship with?

_____

_____

Focus child for this interview is the child that participants identify as the on that they want to improve their relationship with.

Name of focus child: **_____**

ALL SUBSEQUENT QUESTIONS ARE FOCUSED ON THE FOCUS CHILD.

I.   DESCRIPTION OF CHILD

1. I would like to begin by having you tell me about your child. What I want is a sense of who your child is and what your child is like. I would also like to know about your child's strengths and weakness.
Encourage the client to talk for a minimum of two minutes about his child and note for yourself when the two-minute period has elapsed. If the client is have difficultly, provide a general probe (i.e. "tell me more about your child"). If the client does not cover the child's strengths and weaknesses, probe for these. This probe should be provided even after the two minutes have elapsed. Below, record probes used and any thoughts or concerns about this portion of the interview.

_____

_____

_____

_____

_____

_____

II.   EMOTIONAL UNAVAILABILITY, UNRESPONSIVENESS AND NEGLECT

Carer is preoccupied with his own particular difficulties and is unable or unresponsive to child's emotional needs, with no provision of an adequate alternative.

Now that I have a general sense of your child, let me ask a few more specific questions.

2. First, how much "quality" time do you spend with your child (within limits of access conditions)? Do other things, like work, other commitments, other relationships, health or work issues or other things get in the way of spending more time with your child?

_____

_____

3. How involved are you in your child's schooling? What is your child's favorite class? What subject does your child find most difficult?

_____

_____

4. Outside of school, what is your child's biggest worry or fear? How do you know?

_____

_____

5. What is your child's most recent disappointment? How did you know?

_____

_____

7. I want you to think of an example of a time that your child was sad. How did you know your child was sad? What did you do?

_____

_____

8. I want you to think of an example of a time that your child was angry or frustrated. How did you know? What did you do?

_____

_____

9. How do you know if your child needs your attention or support? What are some of the things that you do to make sure that you are there for your child when he or she needs your support?

_____

_____

10. During the past year, what is the longest period you have gone without seeing your child? (more than two weeks? YES   NO)

_____

_____

<u>If separated from child for more than 2 consecutive weeks:</u>

10a. What was the cause of this separation?

_____

_____

10b. During this time, did you talk to your child? How often?

_____

_____

11. How are you with remembering important dates? Have you ever forgotten your child's birthday, or an important event, like a school play or event that your child was taking part in (or an access visit)? If so, tell me about this situation.

_____

_____

On the basis of questions 2 to 11 rate the father's emotional connection to the child.

1. Strong, positive connection between parent and child
2. Average emotional connection between parent and child
3. Parent-child bonding seems adequate, but there is at least one reason to be concerned that father is not "in touch"
4. Parent is somewhat emotionally unavailable or unresponsive to child
5. Parent is clearly emotionally unavailable or unresponsive to child

III. HOSTILITY, HUMILIATION AND REJECTION OF THE CHILD, WHO IS PERCEIVED AS DESERVING THESE.

Child is repeatedly harshly criticized or blamed by parent, "scapegoated" by parent, described as having "bad genes" or the negative traits of a dislikes person, or is directly rejected, degraded or humiliated by the parent.

12. In general, how reasonable are your child's reactions to your rules and attempts to discipline him/her? (How many times do you usually need to tell your child to do something before he/she does it?)

_____

_____

13. Do you feel that your child does things purposefully to anger you, get you or to annoy you?

_____

_____

14. Do you think that your child acts immaturely or refuses to do things other children his/her age do, in order to annoy or frustrate you? (*also look for unrealistic expectations*)

_____

_____

15. What do you usually do when your child disobeys or does something wrong?

_____

_____

16. When the usual methods of discipline don't work, as parents we often find ourselves doing other, maybe less desirable things. Do you ever nag or lecture your child if he/she doesn't do what he/she is supposed to do? How often would you say this happens?

_____

_____

17. How often do you raise your voice at your child? Give me an example of a time that this happened recently.

_____

_____

18. Have you found yourself saying nasty or threatening things to him/her? Perhaps things that you regret later? Give me an example. How often would you say this happens?

_____

_____

19. Have you ever tried make your child feed badly with the intention of motivating him or her? For example, by saying something like: "do you want me to think you are stupid?" or "I can't believe that any child right in their head would do something like that!". Give me an example. How often would you say this happens?

_____

_____

20. Is your child ever so "in your face" that you feel like you just have to get away or that you are going to explode/lose it? What happens then?

_____

_____

21. How often have you felt this angry with your child in the last week? month? year?

_____

_____

On the basis of questions 12 to 21, rate parent's hostility, humiliation and rejection of child. *Consider also father's overall description of child (question 1).

    1. Father has particularly healthy perspectives child and his/her misbehavior.
    2. Father has generally healthy perspectives on child and his/her misbehavior
    3. Father shows evidence of some rejecting, hostile or shaming behavior.
    4. Father is showing concerning levels of rejecting, hostile or shaming behavior.
    5. Father is clearly rejecting, hostile or shaming of his child.

III.   DEVELOPMENTALLY INAPPROPRIATE INTERACTIONS WITH CHILD

The parent lacks knowledge of age-appropriate care-giving and disciplining practices and child development and as a result, their interactions with their child are misguided and harmful.

22. Tell me about some of the jobs (chores) your child has to do at home. Query age-appropriate and inappropriate activities; does you child prepare own lunch, arrange appointments, discipline younger siblings, babysit, etc.

_____

_____

23. Does your child do other things that help you take care of things that need to be done?

_____

_____

24. Now that your child is ___(state child age), do you expect your child to:

       go to and from school alone?
       make his/her own lunch?
       use the cooker by him/herself?
       make dinner for the family?
       be at home alone for more than a few minutes?
       care for younger siblings?
       decide for him or herself what time to come home at night?
       feel free to query any other safety-related issues

25. What kind of rules do you have in your house? Specifically query rules about bedtime, mealtimes, and noise.

_____

_____

26. Because your child is only ___ (state age), he/she is unable to do some of the things and adult could do. What have you noticed about things that your child cannot yet do?

_____

_____

> On the basis of questions 22 to 26, rate developmental appropriateness of parent's interactions with his child.
>
>   1. Father's expectations and rules are finely tuned to child's development.
>   2. Father expectations and rules are within expected range for child age.
>   3. Some of father's expectations and rules are a bit concerning.
>   4. Some of father's expectations and rules are clearly mismatched with child's development.
>   5. Father's rules and expectations are generally mismatched with child's development.

IV. FAILURE TO RECOGNIZE CHILD'S PSYCHOLOGY BOUNDARY

Child is used by the care-giver as a partner, friend or confidant, or is expected to fulfill the care-givers ambitions. Father lacks appreciation or respect for child's individuality.

27. Is your child good at knowing when you are sad? What does your child do? Does your child ever try to comfort you?

_____

_____

28. Is your child good at knowing when you are frustrated, stressed out or angry? What does your child do? Does your child ever try to calm you down or make things better for you?

_____

_____

29. How honest are you in talking to your child about things that are bothering you or about challenges or problems that you have? Give me an example of something that you have shared with your child, and something that you wouldn't share with your child.

_____

_____

30. Give me an example of something that you have confided in your child about.

_____

_____

31. Parents often see similarities between them and their child, and sometimes, they hope that their child will follow in their footsteps. What about you? Do you hope or expect that your child is going to follow in your footsteps in some way?

_____

_____

32. We have just been talking about your relationship with your child. What about your child's relationship with others outside the family (i.e. not child's mother). Do you think it is important for your child to rely on others as well? Who else does your child rely on?   How do you feel about this relationship? (*listen for over-possessiveness. Probe if necessary*).

On the basis of questions 27 to 32, rate father's recognition of child's psychological boundary.

   1. Seemingly excellent appreciation of child's individuality and boundary.
   2. Good parent-child boundaries.
   3. Concerns about parent-child boundaries but no clear indicators.
   4. Concern about parent-child boundaries as evidenced in at least one clear indicator of lack of recognition of child's psychological boundary.
   5. Parent-child boundaries seem seriously disordered.

X.   **EXPOSURE OF THE CHILD TO HOSTILE INTERACTIONS WITH THE CHILD'S MOTHER AND/OR UNDERMINING OF THE RELATIONSHIP BETWEEN HIS CHILD AND HIS OR HER MOTHER.**

Note that we are asking about the mother of the focus child. In most cases, this will be the biological mother. However, if the child has his or her closest maternal relationship with a step or foster-mother, it is this woman who should be the focus of the interview.

33. Now, I would like you to tell me what is your relationship like with the mother of your child? Again I would like you to give me enough of a description so that I have a good sense of this relationship.
Encourage the client to talk for a minimum of two minutes about the mother of his child and note for yourself when the two-minute period has elapsed. If the client is having difficultly, provide a general probe (i.e. "tell me more"). Below, record probes used and any thoughts or concerns about this portion of the interview.

_____

_____

34. So overall, how satisfied are you with the partnership of you and the mother of your child in raising your child? Provide a rating on a scale of 1 to 10 where 1 is not satisfied at all and 10 is very satisfied.

   1   2   3   4   5   6   7   8   9   10

35. Do you and the mother of your child disagree about the management of your children (if relevant, about access transfers and communication)? Give me an example of a recent disagreement?

_____

_____

36. Have your children witnessed or heard your arguments or fights?

_____

_____

37. Do you ever find yourself talking to your child about the problems between you and their mother? Give and example of something that you have talked to your child about.

_____

_____

38. Do you or your partner ever get information about each other from your children. For example, would you ask your child about what their mother is doing, who she is with, or what she has done during the day? Give an example of information you have gotten from your child about their mother.

_____

_____

39. How important do you think your child's relationship is with his/her mother? What do you do to support this relationship?

_____

_____

40. Even if you think it is an important relationship, sometimes we accidentally do things that do not support this relationship, like saying negative things about the child's mother in front of the child. Have you done this? Give an example? How often would you say things like this happen?

_____

_____

41. Although most parents try to be consistent with their rules, sometimes we disagree. What do you do when you disagree with something your child's mother has told your child? Give an example. How often would you say things like this happen? (*look for instances where mother's discipline attempts or rules have been undermined).*

_____

_____

On the basis of respondent's answers to questions 33 to 41, rate the father's exposure of the child to hostile interactions with the child's mother and his undermining of the relationship between his child and his or her mother.

1. Father is very supportive of mother-child relationship
2. Father's support of mother-child relationship is average.
3. Father fails to support mother-child relationship and has minimally undermined or the mother-child relationship or is somewhat hostile towards child's mother.
4. Father's level of hostility towards child's mother and/or his undermining of the mother-child relationship is clearly concerning.
5. Father is clearly hostile towards child's mother and/or clearly undermines of the mother-child relationship.

Appendix B

Inter-Rater Reliability Table for the RISC

Interview and Rater Numbers	Emotional Connection	Hostility to Child	Developmental Expectations/ Interaction	Psychological Boundaries	Exposure to Inter-parental Hostility
1 Rater 1	4	4	5	4	5
Rater 2	4	4	4*	4	5
2 Rater 1	3	3	2	2	NA
Rater 2	3	4*	2	3*	NA
3 Rater 1	3	1	2	3	3
Rater 2	3	1	2	2*	3
4 Rater 1	3	3	2	3	3
Rater 2	3	3	2	3	3
5 Rater 1	3	2	2	3	2
Rater 2	3	3*	2	3	3*
6 Rater 1	1	2	2	3	3
Rater 2	1	2	2	3	3
7 Rater 1	3	2	2	3	1
Rater 2	3	2	2	3	2*
8 Rater 1	3	3	2	3	2
Rater 2	3	3	2	3	2
9 Rater 1	4	3	4	4	3
Rater 2	4	3	3*	4	3
10 Rater 1	4	3	3	3	2
Rater 2	4	3	3	3	2

Note: Interviews were selected randomly. To ensure confidentiality, the interview numbers presented in the table do not match the participants' identification numbers. * indicates a divergence in the ratings given by the raters.

Appendix C

Aggression Questionnaire
Buss & Perry, 1992

Indicate how uncharacteristic or characteristic each of the following statements is in describing you
with the following scale: 1 = extremely uncharacteristic of me
                                     2 = somewhat uncharacteristic of me
                                     3 = neither uncharacteristic or characteristic of me
                                     4 = somewhat characteristic of me
                                     5 = extremely characteristic of me

	Not at all like me				Very like me
1. Some of my friends think I am a hothead	1	2	3	4	5
2. If I have to resort to violence to protect my rights, I will	1	2	3	4	5
3. When people are especially nice to me, I wonder what they want	1	2	3	4	5
4. I tell me friends openly when I disagree with them	1	2	3	4	5
5. I have become so mad that I have broken things	1	2	3	4	5
6. I can't help getting into arguments when people disagree with me	1	2	3	4	5
7. I wonder why sometimes I feel so bitter about things.	1	2	3	4	5
8. Once in a while, I can't control the urge to strike another person	1	2	3	4	5
9. I am an even-tempered person	1	2	3	4	5
10. I am suspicious of overly friendly strangers	1	2	3	4	5
11. I have threatened people I know	1	2	3	4	5
12. I flare up quickly, but get over it quickly	1	2	3	4	5
13. Given enough provocation, I may hit another person	1	2	3	4	5
14. When people annoy me, I may tell them what I think of them	1	2	3	4	5
15. I am sometimes eaten up with jealousy	1	2	3	4	5
16. I can think of no good reason for ever hitting a person	1	2	3	4	5
17. At times I feel I have gotten a raw deal out of life	1	2	3	4	5
18. I have trouble controlling my temper	1	2	3	4	5
19. When frustrated, I let my irritation show	1	2	3	4	5
20. I sometimes feel that people are laughing at me behind my back	1	2	3	4	5
21. I often find myself disagreeing with people	1	2	3	4	5
22. If somebody hits me, I hit them back	1	2	3	4	5
23. I sometimes feel like a powder keg ready to explode	1	2	3	4	5
24. Other people always seem to get the breaks	1	2	3	4	5
25. There are people who pushed me so far that we came to blows	1	2	3	4	5
26. I know that "friends" talk about me behind my back	1	2	3	4	5
27. My friends say that I am somewhat argumentative	1	2	3	4	5
28. Sometimes I fly off the handle for no good reason	1	2	3	4	5
29. I get into fights a little more than the average person	1	2	3	4	5

Appendix D

Interpersonal Reactivity Index (IRI) – Modified
Davis, 1980, 1983
Modified as per Francis and Wolfe (2008)

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

ANSWER SCALE:

A	B	C	D	E
Does not describe me well				Describes me very well

_____1. I daydream and fantasize, with some regularity, about things that might happen to me.

_____2. I often have tender, concerned feelings for my child.

_____3. I sometimes find it difficult to see things from my child's point of view.

_____4. Sometimes I don't feel very sorry for my child when s/he is having problems.

_____5. I really get involved with the feelings of the characters in a novel.

_____6. In emergency situations, I feel apprehensive and ill-at-ease.

_____7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

_____8. I try to look at my child's side of a disagreement before I make a decision.

_____9. When I see someone being taken advantage of, I feel kind of protective towards them.

_____10. I sometimes feel helpless when I am in the middle of a very emotional situation.

_____11. I sometimes try to understand my child better by imagining how things look from his/her perspective.

_____12. Becoming extremely involved in a good book or movie is somewhat rare for me.

_____13. When I see someone get hurt, I tend to remain calm.

_____14. Other people's misfortunes do not usually disturb me a great deal.

_____15. If I'm sure I'm right about something, I don't waste much time listening to my child's arguments.

ANSWER SCALE:

A	B	C	D	E
Does not				**Describes me**
describe me				**very well**

_____16. After seeing a play or movie, I have felt as though I were one of the characters.

_____17. Being in a tense emotional situation scares me.

_____18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

_____19. I am usually pretty effective in dealing with emergencies.

_____20. I am often quite touched by things that I see happen.

_____21. I believe that there are two sides to every question and try to look at them both.

_____22. I would describe myself as a pretty soft-hearted person.

_____23. When I watch a good movie, I can very easily put myself in the place of a leading character.

_____24. I tend to lose control during emergencies.

_____25. When I'm upset with my child, I usually try to "put myself in his/her shoes" for a while.

_____26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

_____27. When I see someone who badly needs help in an emergency, I go to pieces.

_____28. Before criticizing my child, I try to imagine how I would feel if I were in their place.

Appendix E

Parenting Alliance Measure (PAM)
Abidin & Konold, 1999

These questions are rated on a 5-point scale. Your first reaction to each statement should be your answer.

SA – strongly agree with the statement
A – agree with the statement
NS – not sure how you feel about the statement
D – disagree with the statement
SD – strongly disagree with the statement

1.	My child's other parent enjoys being alone with our child….........	**SA**	**A**	**NS**	**D**	**SD**
2.	During pregnancy, my child's other parent expressed confidence in my ability to be a good parent………………………………	**SA**	**A**	**NS**	**D**	**SD**
3.	When there is a problem with our child, we work out a good solution together……………………………………………….	**SA**	**A**	**NS**	**D**	**SD**
4.	My child's other parent and I communicate well about our child	**SA**	**A**	**NS**	**D**	**SD**
5.	My child's other parent is willing to make personal sacrifices to help take care of our child…………………………………..	**SA**	**A**	**NS**	**D**	**SD**
6.	Talking to my child's other parent about our child is something I look forward to………………………………………………	**SA**	**A**	**NS**	**D**	**SD**
7.	My child's other parent pays a great deal of attention to our child	**SA**	**A**	**NS**	**D**	**SD**
8.	My child's other parent and I agree on what our child should and should not be permitted to do……………………………	**SA**	**A**	**NS**	**D**	**SD**
9.	I feel close to my child's other parent when I see him or her play with our child……………………………………………	**SA**	**A**	**NS**	**D**	**SD**
10.	My child's other parent knows how to handle children well…….	**SA**	**A**	**NS**	**D**	**SD**
11.	My child's other parent and I are a good team………………..	**SA**	**A**	**NS**	**D**	**SD**
12.	My child's other parent believes I am a good parent……………	**SA**	**A**	**NS**	**D**	**SD**
13.	I believe my child's other parent is a good parent………………	**SA**	**A**	**NS**	**D**	**SD**
14.	My child's other parent makes my job of being a parent easier…	**SA**	**A**	**NS**	**D**	**SD**
15.	My child's other parent sees our child in the same way I do…….	**SA**	**A**	**NS**	**D**	**SD**
16.	My child's other parent and I would basically describe our child in the same way……………………………………………..	**SA**	**A**	**NS**	**D**	**SD**
17.	If our child needs to be punished, my child's other parent and I usually agree on the type of punishment………………………..	**SA**	**A**	**NS**	**D**	**SD**
18.	I feel good about my child's other parent's judgment about what is right for our child…………………………………………….	**SA**	**A**	**NS**	**D**	**SD**
19.	My child's other parent tells me I am a good parent……………..	**SA**	**A**	**NS**	**D**	**SD**
20.	My child's other parent and I have the same goals for our child…	**SA**	**A**	**NS**	**D**	**SD**

Appendix F

Ethical Approval for Study 1

University of Toronto
Office of the Vice-President, Research

Office of Research Ethics

PROTOCOL REFERENCE #20034   August 26, 2008

Prof. Katreena Scott
Dept. of Human Development
and Applied Psychology
Ontario Institute for Studies in Education
of the University of Toronto
252 Bloor Street West
Toronto, ON M5S 1V6

Dear Prof. Scott:

Re: Your research protocol entitled, "Evaluation of the Efficacy of the Caring Dads
        Intervention Program" (Amendment received July 28, 2008) `by Prof. K. Scott

We are writing to advise you that a member of the Social Sciences Humanities and Education
Research Ethics Board has granted approval to an amendment to the above referenced research
study under the REB's expedited review process. *This amendment involves changes to the
research study as described in the Amendment application received July 28, 2008:
1) addition of research personnel, 2) addition of a statistical technique for data analysis, and
3) revision of a previously approved measure.*

The following consent documents (revised version received July 28, 2008) has been approved for
use in this study: Measures (Appendix C).

**Any changes to the approved protocol or consent materials must be reviewed and
approved through the amendment process prior to its implementation. Any adverse or
unanticipated events should be reported to the Office of Research Ethics as soon as
possible.**

Best wishes for the successful completion of your project.

Yours sincerely,

Marianna Richardson

Marianna Richardson
Research Ethics Coordinator

Appendix G

Summary of Exploratory Analyses for Study 1

Table G1

Exploratory Correlation Analyses Examining the Relationships Between Sample Characteristics and RISC Construct Scores

Characteristic	RISC Construct					
	Emotional Connection	Hostility to Child	Developmental Expectations	Psych. Boundaries	Exposure to DV	Total Score
Demographic						
Father's Age	-.017	-.023	.242*	.003	.022	.084
Child's Age	.229*	.192	.317**	.136	.126	.303**
Number of Children	.120	.114	.134	.012	-.100	.078
Frequency of Visits	.192	-.024	-.024	.231	.062	.089
Alcohol (CAGE score)	.031	.147	.160	.183	.161	.190
Freq of Alcohol intake	.169	.338**	.107	-.045	.402***	.267*
Psychosocial Variables						
Aggression						
Physical	.038	.224	.052	-.042	.236*	.128
Verbal	.119	.280*	-.027	.056	.165	.136
Anger	.106	.330**	.001	.017	.073	.147
Hostility	.230*	.415***	.129	.146	.228*	.310**
Total Aggression	.134	.350**	.055	.043	.206	.207
Interpersonal Reactivity						
Perspective Taking	.05	-.152	-.116	.300*	-.020	-.023
Fantasy	-.138	.150	.075	.023	-.087	.014
Empathy	-.087	-.171	-.108	.117	-.329*	-.192
Distress	-.128	.265	.122	-.326*	-.104	-.059
Balance of Needs						
Image-emotional	.273	-.018	.138	-.250	-.144	-.015
Personal Needs	.418*	.444*	.596**	.591**	.239	.556**
Parenting Alliance						
Communication	-.024	-.040	-.061	-.132	-.292*	-.168
Respect	-.185	-.142	-.028	-.115	-.185	-.199
Total Parent Alliance	-.055	-.060	-.058	-.136	-.286*	-.182

p <. 05 **p* < .01 ***p* < .001

Table G2

Exploratory Findings re: Sample Characteristics as a Function of RISC Construct

Characteristic	RISC Construct					
	Emotional Connection	Hostility to Child	Developmental Expectations	Psych. Boundaries	Exposure to DV	Total Score
Child's Gender	No	No	No	No	No	No
Relationship to Child	No	No	No	No	No	No
Living with Child	No	No	No	No	No	No
Living with Mother	No	No	Yes*	Yes*	No	Yes*
Employment	No	No	No	No	No	No
Education	No	No	No	No	No	No
CAGE (Meets Clinical Cut off Score)	No	No	No	No	Yes*	No
Experienced Hitting as a Child/Adolescent	No	No	No	No	No	No
Witnessed Domestic Violence as Child	No	No	No	Yes***	Yes*	No
Attended Batterer Intervention Program	Yes*	No	No	No	No	No
Past Arrest for Assault	No	No	No	No	No	No
Probation Involvement	No	No	No	Yes***	No	No

Note. Yes = statistically significant difference. No = no statistically significant difference.
*p <. 05 ***p < .001

Appendix H

62-Item Balance of Needs Measure (BONM)
(Administered in Study 2 for measure development purposes only)

Please read each of the following pairs of statements carefully. From each pair, choose the one statement that you agree with the most. Indicate your choice by marking the letter (A or B) that corresponds to your choice in the space provided.

1) ____A. I feel proud when my child takes up activities that I did as a child.
    B. My child should be supported in what he does, even if he isn't very good at it.

2) ____A. I should try not to do work when I think that my child may distract me.
    B. My child should clean up after himself without me having to repeatedly ask.

3) ____A. I should be there for my child whenever he is upset.
    B. Raising my child gives me a sense of satisfaction with my life.

4) ____A. It is important to me that my child follows in my footsteps.
    B. My child should wear whatever he feels most confident in, even if I think it looks bad.

5) ____A. It's okay if my child is not good at the things that I did well when I was a kid.
    B. I don't want people to think that I am a bad parent.

6) ____A. I shouldn't expect my child to always respect me.
    B. I feel best about myself when my child does well.

7) ____A. I should try my best to meet my child's demands of me.
    B. My child should understand when I have had a bad day.

8) ____A. It frustrates me when my child acts up in front of my friends.
    B. If my child is happy with his performance, then I am happy with his performance too.

9) ____A. I would like my child to think that I am the most important person in his life.
    B. My child's feelings should always come before my own.

10) ___A. My child should be praised for what he does, even if he isn't very good at it.
    B. My child should understand that I sometimes need quiet time to myself after a long day at work so that I can relax.

11) ___A. It makes me feel good to hear people comment on how well I am bringing up my child.
    B. It shouldn't bother me that my child does not recognize the things that I do for him.

12) ___A. My child should appreciate the things that I do for him.
    B. My child shouldn't hear my worries and concerns.

13) ___A. I should consider my child's wishes before I ask him to do something for me.
    B. I should be able to have time away from my child so that I can do things that I enjoy.

14) ___A. My child should be free to wear whatever he feels most comfortable wearing, even if it reflects poorly on me.
    B. My child should try to do activities that I enjoy, so that we can do more things together.

15) ___A. My child should realize that I cannot buy everything that he wants because I am already sacrificing a great deal for him.
    B. My child should have my full attention whenever he needs it.

16) ___A. My child should have friends over to our house for play dates on the weekends.
    B. On the weekend my child should help me with household chores.

17) ___A. It is important that I help my child with his hobbies.
    B. My child can develop interests without my support.

18) ___A. I shouldn't have to explain my decisions to my child.
    B. My child learns important skills when we negotiate our conflicting wishes and interests.

19) ___A. My child's need for attention fluctuates throughout the day and I should be available whenever he needs me.
    B. As a parent, there are things that I need to get done and I can't always be available to give my child the attention he wants.

20) ___A. When my child puts his dishes in the sink, I should acknowledge how helpful he is being.
    B. My child should help with household chores without my having to repeatedly ask.

21) ___A. My child should be able to pick his own after-school play activities.
    B. There are particular extra-curricular activities that I would like my child to learn.

22) ___A. It's frustrating when my child doesn't follow through on what's asked of him.
    B. My child is just a kid, so it's ok if he doesn't do what is asked of him all the time.

23) ___A. After a day at work, I need some peace and quiet at home.
    B. My child needs to be able to make noise in the house.

24) ___A. I should thank my child when he is able to wait patiently for me.
    B. I need to have my own space within my home.

25) ___A. As a parent, I have a right to impose discipline without having to reason it out with my child.
    B. When my child misbehaves, he deserves of an explanation as to why he is being disciplined.

26) ___A. A child's routine should be flexible depending upon how busy the parent is.
    B. My child should have a consistently planned schedule for eating and sleeping.

27) ___A. Having alone time with my partner is an important part of my day.
      B. My child needs me to spend time with him doing fun activities.

28) ___A. I should be able to pursue hobbies/activities that interest me.
      B. My child should be supported in his activities, even if it interferes with my own hobbies/activities.

29) ___A. Compromising with my child is important for his development.
      B. As a parent, my child should listen to what I say without questioning my judgment.

30) ___A. When I am busy, I should try to find things to occupy my child's time.
      B. My child can occupy himself when I am busy.

31) ___A. My child should finish the food on his plate even if he doesn't like it; otherwise it's a waste.
      B. My child needs to feel free to express his opinions.

32) ___A. My child should be able to pick his own friends.
      B. As a parent, I should pick who my child plays with.

33) ___A. My child should follow our family's traditions and/or cultural practices.
      B. My child is an individual who may choose to follow his own path.

34) ___A. I shouldn't have to debate things with my child.
      B. My child is encouraged to voice his opinions.

35) ___A. I will be a better parent if I take care of my needs first.
      B. My child's needs should always come first.

36) ___A. I feel good about myself when I hear people say positive things about my child.
      B. My child should be able to express who he is, even if it reflects poorly on me.

37) ___A. My child should be close to me and love me.
      B. My child shouldn't hear my personal concerns.

38) ___A. Having a child gives me a sense of satisfaction with my life.
      B. My child should have many people in his life that he thinks are very important.

39) ___A. My child's appearance reflects on me as a parent.
      B. I should praise my child even when he is not doing something well.

40) ___A. I often rely on my child to cheer me up when I am feeling down.
      B. I shouldn't expect my child to appreciate what I do for him.

41) ___A. My child is an important source of affection and support for me.
      B. When I am angry, I should stop to consider how my behavior is affecting my child.

42) ___A. If I don't focus my attention on my child when he is upset, he will stop crying.
       B. My child needs my attention in order to feel better.

43) ___A. The things that I have to do each day are more important than what my child has to do.
       B. My child's need to play is very important.

44) ___A. When I am busy, I need to have time to myself without my child interrupting me.
       B. When my child has a quiz at school my priority should be to help them study.

45) ___A. When my child is needy he usually wins my attention.
       B. I have to place boundaries on much time I can attend to my child's needs for attention.

46) ___A. I like the fact that my child enjoys doing things with me.
       B. It's ok if my child doesn't want to do activities with me.

47) ___A. I can understand that my child sometimes disregards my opinions because of peer pressure.
       B. My opinions should carry more weight with my child than the opinions of his friends.

48) ___A. Given my schedule, I can't afford to spend too much time playing with my child.
       B. I think that playing with my child is an important part of my day.

49) ___A. When my child is having a hard time figuring something out, I should step in show him how to do it.
       B. My child should learn to figure out problems on his own.

50) ___A. My child needs to understand that he can't always do what he wants.
       B. I need to understand that my child's needs are important no matter how small they are.

51) ___A. When my child is pouting, it is best to just ignore him.
       B. I think that it's good for my child and I to talk about our conflicts.

52) ___A. My child needs to learn that I have needs too.
       B. Its ok that my child doesn't understand that I have needs too.

53) ___A. I don't like some of the styles of clothes kids that wear, but its ok with me if my child chooses to wears them.
       B. As a parent I should have a say in the style of clothing that my child wears.

54) ___A. It frustrates me when my child doesn't do what I say.
       B. I can understand why my child gets frustrated with my rules.

55) ___A. When I am worried I can talk to my child.
       B. I prefer that my child not hear my personal concerns.

56) ___A. My child needs to learn to become responsible for things around the home.
       B. My child needs to have playtime in the home.

57) ___A. When the needs of my child conflict with my own, it is important that my child's needs are met first.

   B. When the needs of my child conflict with my own, it is important that my needs are met first.

58) ___A. My child should always listen to my advice, without questioning it.

   B. I should try to explain my advice to my child.

59) ___A. When I am feeling sad, it's nice to have my child comfort me.

   B. Its best for my child to be completely removed from my personal problems.

60) ___A. My child doesn't have to agree with me.

   B. My child should show me respect.

61) ___A. Even if I am really tired and have a headache, I should make time for my child.

   B. I shouldn't always have to change my schedule around in order to meet my child's wants.

62) ___A. It is important that I let my child know that I am always there for him.

   B. It is important for my child to develop independence in sorting through problems on his own.

Appendix I

Self-Important Parenting Beliefs (SIPB)
Ehrenberg, Hunter, & Elterman (1996)

Instructions: Read each of the following 9 items and then indicate how you personally feel about each of these statements by marking your answer according to the following scheme:

5 = Very much like me
4 = Pretty much like me
3 = Sort of like me
2 = Not really like me
1 = Not at all like me

_____1. I believe I deserve my child's love and respect, because I am a good parent.

_____2. It is impossible to imagine life without my child and me being together.

_____3. I am the only one who can truly understand my child's thoughts and feelings.

_____4. When my child misbehaves, I feel it reflects on me as a parent and as a person.

_____5. Sometimes when I look at my child I can see myself as a child.

_____6. There are times when it feels like I am the child and my child is the parent.

_____7. I sometimes feel like asking my child if she/he really loves me.

_____8. I can't imagine my child's life without me in it.

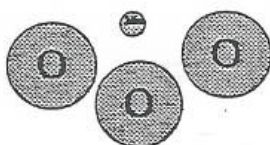_____9. It is easy for me to understand my child, because she/he is an extension of me.

Appendix J

Me versus Other Scale
Campbell, Bonacci, Shelton, Exline, & Bushman, 2004

Please write the number of the diagram (1 – 7) that best represents how you
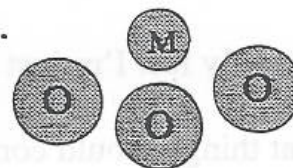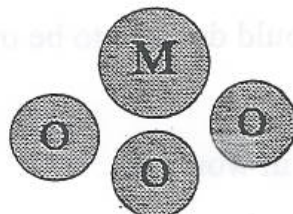see yourself "Me" compared to others "O"? ___

Appendix K
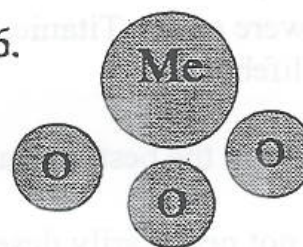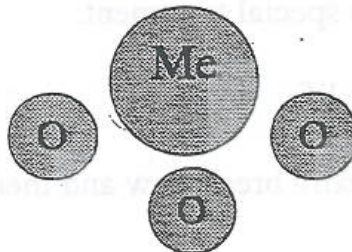
Child-Parent Relationship Scale: Short Form
Pianta, 1994

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Circle the appropriate number for each item.

	Definitely Does Not Apply	**Not Really**	**Neutral, Not Sure**	**Applies Sometimes**	**Definitely Applies**
1. I share an affectionate, warm relationship with my child………….	1	2	3	4	5
2. My child and I always seem to be struggling with each other……………..	1	2	3	4	5
3. If upset, my child will seek comfort from me………	1	2	3	4	5
4. My child is uncomfortable with physical affection or touch from me………….	1	2	3	4	5
5. My child values his/her relationship with me………………....	1	2	3	4	5
6. When I praise my child, my child beams with pride………	1	2	3	4	5
7. My child spontaneously shares personal information …………..	1	2	3	4	5
8. My child easily becomes angry at me………..……	1	2	3	4	5
9. It is easy to be in tune with what my child is feeling…..…	1	2	3	4	5

	Definitely Does Not Apply	**Not Really**	**Neutral, Not Sure**	**Applies Sometimes**	**Definitely Applies**
10. My child remains angry or is resistant after being disciplined………..……	1	2	3	4	5
11. Dealing with my child drains my energy………...……	1	2	3	4	5
12. When my child wakes up in a bad mood, I know we're in for a long and difficult day…………….	1	2	3	4	5
13. My child's feelings toward me can be unpredictable or can change suddenly………….……	1	2	3	4	5
14. My child is sneaky or manipulative with me………..………	1	2	3	4	5
15. My child openly shares his/her feelings and experiences with me……….………	1	2	3	4	5

Appendix L

Ethical Approval for Study 2

UNIVERSITY OF TORONTO
Office of the Vice-President, Research and Associate Provost

Ethics Review Office

PROTOCOL REFERENCE #14685

August 3, 2005

Prof. Katreena Scott   Ms. Laura-Lynn Stewart
Dept. of Human Development
and Applied Psychology
OISE/UT, 9th Floor
252 Bloor Street West
Toronto, ON M5S 1V6

Dear Prof. Scott and Ms. Stewart:

Re: Your research protocol entitled, "Assessing Fathers' Prioritization of Needs in the Father-
       Child Relationship: Revision and Re-evaluation of the Balance of Needs Measure"

ETHICS APPROVAL	**Original Approval Date: August 3, 2005**
	Expiry Date: August 2, 2006

We are writing to advise you that the Education Research Ethics Board has granted approval to
the above-named research study, for a period of **one year**. Ongoing projects must be renewed
prior to the expiry date.

The following consent documents (revised July 21, 2005) have been approved for use in this
study: Consent Form and Information Sheet, and Recruitment Script. Participants should receive
a copy of their consent form.

During the course of the research, any significant deviations from the approved protocol **(that is,
any deviation which would lead to an increase in risk or a decrease in benefit to
participants)** and/or any unanticipated developments within the research should be brought to
the attention of the Ethics Review Unit.

Best wishes for the successful completion of your project.

Yours sincerely,

Bridgette Murphy
Ethics Review Coordinator

xc: Prof. M. Schneider (Chair, Education REB)
       Ms. N. Mayes (Dept. Liaison)