



Cognitive and emotional differences between abusive and non-abusive fathers[☆]

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ABSTRACT

Objective: Abusive fathers perpetrate a substantial portion of child physical abuse. Despite this, little is known about how they differ from non-abusive fathers. This study compared a broad range of cognitive and affective factors between physically abusive and non-abusive fathers.

Methods: Abusive ($n = 24$) and non-abusive ($n = 25$) fathers completed standard measures assessing their experience and expression of anger, mental health, parenting stress, and their empathy and perceptions of children's socio-emotional signals.

Results: Abusive fathers differed from comparisons on almost all constructs. They experienced more anger and were more likely to express that anger aggressively. They reported more mental health concerns (such as depression, hostility, and paranoid ideation), more stress in parenting, and significantly less empathy for their children. They were also more likely to perceive children's emotional expressions as depicting negative emotions, such as anger and disgust.

Conclusions: Abusive fathers struggle with a myriad of difficulties that likely contribute to their problematic parenting. These difficulties are both inter- and intra-personal in nature.

Practice implications: The findings suggest that abusive fathers require comprehensive assessment that includes mental health screening. Interventions should be selected carefully to target abusive fathers' high levels of negative affect and negative perceptions. Treatment strategies should address problems related to parenting style (e.g., managing stress and interpretation of children's socioemotional signals) as well as their personal adjustment (e.g., cognitive behavioral strategies for regulating affect and cognitive distortions).

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Introduction

Fathers perpetrate a substantial proportion of child physical abuse in North America. They are the perpetrators in 67% of physical abuse cases in Canada based on data from two-parent families (Trocme et al., 2005) and are also over-represented among child physical abuse perpetrators in the United States (Guterman & Lee, 2005). The majority of fatalities resulting from physical abuse are perpetrated by fathers or other male caregivers (Department of Health & Human Services, 2006). Despite this, studies of maltreating parents typically have involved mothers only, and few data exist specific to abusive fathers. Research that has considered abusive fathers has tended to focus primarily on the intimate partner relationship

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rather than the father–child relationship. For this reason, researchers and clinicians are calling for greater understanding of abusive fathers and appropriate intervention options for them (Coohey, 2006; Dubowitz, 2006; Scott & Crooks, 2004; Scott, Francis, Crooks, & Kelly, 2006; Scott, Francis, Crooks, Paddon, & Wolfe, 2006).

Research on abusive mothers and spouse-abusive men may inform our understanding of fathers who abuse their children, where no data on abusive fathers yet exists. Although theoretical models of child maltreatment have been based primarily on information derived about child abusive mothers, these models serve as a framework for beginning to understand abusive fathers. The developmental–ecological–transactional model of child abuse highlights that abuse is a function of individual, family, community and social factors (National Research Council, 1993). Based on this model, psychological characteristics identified among samples of abusive mothers include their own experiences of child maltreatment, mental health difficulties, and high levels of negative emotion, particularly anger and depression, and relationship distress. In addition, cognitive distortions and information-processing biases have been identified in abusive mothers, such as lack of empathy and negative attribution bias when interpreting child behavior (Azar, 1997; Bugental, 1993; Milner, 2003). Similar emotional and cognitive characteristics have also been observed in partner-abusive men (Bancroft & Silverman, 2002; Murphy & Eckhardt, 2005).

A history of child abuse and neglect in the family of origin has been associated with a greater likelihood of perpetrating child maltreatment in the future (Wolfe, 1999) and has been identified as a risk factor for men's intimate partner violence (Delsol & Margolin, 2004). However, research with abusive fathers has not yielded consistent findings. Some studies have found that, similar to abusive mothers, abusive and at-risk fathers are more likely than non-abusive fathers to report their own childhood histories of abuse (e.g., Straus & Smith, 1990); Coohey's (2006) study, in contrast, did not find a difference in histories of abuse between non-abusive and abusive fathers.

Mental health concerns, particularly a history of substance abuse and violent behavior, have also been identified as a risk factor in fathers' and surrogate fathers' perpetration of child abuse and neglect (De Bellis et al., 2001; Schaeffer, Alexander, Bethke, & Kretz, 2005). De Bellis et al. (2001) conducted a study of the psychiatric comorbidity of mothers and fathers of maltreated children. A history of substance abuse or dependence was identified in 85% of fathers or surrogate fathers, and approximately three quarters had a history of police involvement due to violent behavior. In contrast, mothers presented with mood and anxiety disorders, with only a third presenting with substance abuse difficulties. The authors' conclusion was that male caregiver mental illness and substance abuse was more serious and less amenable to conventional intervention than female caregiver mental illness. Unfortunately, the study did not report which parent in each family was the identified perpetrator. Similarly, substance use has been associated with fathers' increased risk of child maltreatment as determined by their scores on the Child Abuse Potential Inventory (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Moss, Mezzich, Yao, Gavalier, & Martin, 1995).

Parents' perceived stress associated with their childrearing role has also been identified as a risk factor for the perpetration of child abuse and a special intervention priority (Azar & Wolfe, 2006). Maltreating families may experience more stress as a result of a number of factors, including unemployment, financial hardship, and child behavior (Guterman & Lee, 2005). Further, distress and discord have been identified in the relationships of batterers, whose relationships are characterized by high levels of conflict and low levels of satisfaction (Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001).

The role of negative affect, particularly anger, has been supported in studies of abusive mothers (e.g., Bugental, 1993; Mammen, Kolko, & Pilkonis, 2002) and maritally violent men (Eckhardt, Barbour, & Stuart, 1997; Jacobson, Gottman, Waltz, Rushe, & Babcock, 2000; Norlander & Eckhardt, 2005). In conjunction with negative beliefs and interpretations, high levels of anger and other negative arousal interfere with rational problem solving and information processing and may lead to aggressive cognitions and impulses (Slep & O'Leary, 2001). Anger interferes with parents' ability to respond to their child in a proactive, responsive and balanced manner (Denham et al., 2000; Hakim-Larson, Dunham, Vellet, Murdaca, & Levenbach, 1999).

In addition to the emotional dimensions noted above, other elements are likely to play a role in men's violence. Empathy, particularly perspective-taking and empathic concern, has been identified as an important variable to consider in the study of violence and aggression (Beven, O'Brien-Malone, & Hall, 2004). Empathy includes both affective and cognitive components (Davis, 1994). Specifically, the affective component refers to an emotional involvement with the experience of others, while the cognitive component refers to an intellectual appreciation and recognition of the experience of others. Spouse abusive male partners and child abusive mothers both show lack of empathy for their victims, which interferes with parents' ability to meet the needs of their child and is associated with aggression (Bugental, 1993). Scott and Crooks (2004) have observed clinically that abusive fathers focus on their own needs rather than those of their children. In perhaps the only study that has examined fathers' empathy, Perez-Albeniz and de Paul (2004) found that high-risk fathers reported less perspective-taking compared with low-risk fathers. Fathers' risk level was determined by their scores on the Child Abuse Potential Inventory (CAPI; Milner, 1986), rather than identification by police or child protective services. Their study was conducted with parents drawn from community schools and the sample size of fathers was very small (9 high-risk fathers and 12 low-risk fathers). Researchers have also noted that maltreating mothers (Hildyard & Wolfe, 2007; Zahn-Waxler & Wagner, 1993) and woman-abusing men (Holtzworth-Munroe & Hutchinson, 1993) perceive their victim's emotions more negatively. However, abusive fathers' perceptions of children's emotional expressions have not been investigated.

In summary, both maltreating mothers and male batterers experience more negative affect, particularly anger, than their non-abusive counterparts. As well, both groups are more likely to have deficits in empathy and to misinterpret the behaviors of others. Further, the experience of child maltreatment and mental health difficulties may also differentiate abusive from non-abusive family members. However, few studies have examined cognitive and affective characteristics that differentiate

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