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# AN EXPLORATION OF THE PSYCHOLOGICAL CHARACTERISTICS OF MEN WHO CAUSE SEVERE PHYSICAL HARM TO CHILDREN UNDER THE AGE OF FIVE

By

**Tara Elizabeth Dickens** 

Thesis submitted in accordance with the requirements for the degree of Doctor of Philosophy in the Faculty of Social Sciences at the University of Kent, September 2018

The research reported in this thesis was conducted while the author was a full-time postgraduate student in the School of Psychology at the University of Kent (September 2013-September 2018) on a school scholarship. The theoretical and empirical work herein is the independent work of the author. The author has not been awarded a degree by this or any other university for the work included in the thesis

#### **Publications**

Data and literature from this thesis have been reported in the following journal articles:

Dickens, T. E. & Wood, J.L. (2015). Severe child physical abuse: A psychological research agenda. Journal of Child Death Investigation. Association of Chief Police Officers

Dickens, T. E. & Wood, J. L. (2018) Serious child physical abuse: The beliefs of male carers, what were they thinking? *Under review* with the International Journal of child abuse and neglect Dickens, T. E. & Wood, J.L. (2018) The person characteristics of male carers who cause serious physical harm to children. *Under review* with the International Journal of child abuse and neglect

Data and literature from this thesis have been reported in the following conference presentations:

Dickens T. E (2014) A psychological agenda of those who severely harm children. Association of Chief Police Officers national homicide working group. London.UK

Dickens T. E (2016) An examination of men who seriously physically harm children. The National child death reduction conference.

Dickens T. E (2017) The offenders perspective. Advances in Preventing and Investigating Child Homicide' conference, University of Huddersfield. UK

Dickens T. E (2018) An examination of the psychological pathway of men who seriously harm or murder children. University of Bournemouth.

# **Dedication**

My thesis is dedicated to Nicky Kirby Jones

6<sup>th</sup> April 1971 – 29<sup>th</sup> April 2018

An inspirational human being and dearly missed friend

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#### Abstract

The serious physical harm of children is a global cross-cultural issue (Stoltenborgn et al, 2015) where the predominant offender is usually a male caring for a child (Schnitzer & Ewigman, 2005; Sidebotham, 2011). Historically, research has focused on mothers rather than fathers in cases of child harm (Hildyard & Wolfe, 2002) so we know less about fathers' offending. Popular theoretical explanations of physical harm adopt the assumption that this is poor parenting gone wrong with no differentiation between lower levels of harm and more serious harm (Azar et al, 1998; Milner, 1993). This thesis addresses the gap in knowledge of fathers or father figures who seriously harm their children. This body of work used qualitative and quantitative methods to examine the beliefs and characteristics of 20 prisoners convicted of serious physical harm of a child (child harmers) and compared them to 46 prisoners convicted of serious harm to an adult (adult harmers). Interviews examined relationships with others, parenting knowledge and strategies, thoughts and feelings about their offending and views on violence and measures examined characteristics of emotional control, anger and provocation indicators, moral disengagement of parenting, attachment style, and responses to stress, selfesteem and empathy to children. Interview findings suggest child harmers share some similarities to adult harmers in their parenting knowledge but differ in their use of parenting strategies, close relationships with others, perceptions of being a biological parent, knowledge of children, responses to their offense and explanations regarding their offense. Measures found child harmers share similarities to adult harmers in their emotional control, anger and provocation responses and the moral disengagement of their parenting methods but differ in their attachment style, responses to stress, self-esteem and empathy with children. Discriminant analysis supports the most important differences between groups were empathy to children,

anxious attachment style, coping responses to stress, suspicious thinking in cognitive anger responses and their self-esteem. Discussion focuses on the implications of these findings for existing research and how findings challenge the assumption that males who are violent to children do so due to 'poor parenting gone wrong. It concludes with the proposal of a new offense specific model to explain father figures who seriously harm and an outline of further work needed in this under researched area, highlighting the implications for practitioners tasked with child safeguarding and offender management.

# Chapter 1

Child physical harm is considered to affect 25% of the world population (Vlahovicova, Melendez-Torres, Leijten, Knorr & Gardner, 2017) and for surviving children, there are long term consequences, such as, mental illness and associated health risks (Ford, 2017; Norman, Byambaa, Butchart, Scott, & Vos, 2012; WHO, 2016). In the United Kingdom alone, 1-2 children die each week as a result of serious physical harm by an adult carer (Bentley et al, 2017) and research on mothers suggest there may be different types of child deaths (Porter & Gavin, 2010) that reviews of child death outcomes support (Sidebotham, 2009, 2011). The predominant offender of serious harm and murder of children are fathers or father figures (Schnitzer & Ewigman, 2005; Sidebotham, 2011), however, there is a paucity of research on these men and a lack of knowledge regarding their beliefs and characteristics. Offense specific knowledge may offer information useful for improving prevention, detection and rehabilitation of serious child harm.

Offense specific knowledge may inform the development of theories which will also help improve prevention. Currently, opportunities to detect the harm caused by these offenders are often missed by practitioners (Letson et al, 2016) and even when abuse is suspected, referral rates to child protective services are not always made (Gilbert et al, 2009). This may be due to a lack of knowledge which could leave professionals lacking in confidence to make referrals. Along with the long-term health consequences to surviving children, there are important implications for the perpetrator and recidivism. Currently, no specific rehabilitation programs exist to address their needs, which are currently not known due to the paucity of research, and research suggests offense specific models are more effective in supporting rehabilitation programs (Gilbert & Daffern, 2010). This thesis is an exploratory study of these men and seeks

to identify what their unique needs might be, specifically, their beliefs and personality characteristics. The discussion considers how this offense-specific knowledge contributes to progressing theoretical understanding and informing future research, policy and practice in child death prevention.

This thesis presents in Chapter 2 a review of existing research and theoretical assumptions, previous methodological and definitional difficulties for researchers. The child harm literature is examined to determine what might be important to examine in men who seriously harm children with single, multiple and transactional models of explanation considered, with specific focus on a well-regarded model, the social information processing model (SIP) (Milner, 1993). To maintain broad deliberation of how other literatures may inform the study, violence literature is drawn upon, because assumptions underlying the examination of violent offenders differ to those of child harm parents. A well-regarded theoretical model of aggression, the general aggression model (GAM) (Anderson & Bushman, 2002, 2018) is reviewed and contributing factors to aggression are discussed in relation to findings from child harm literature. Gaps in understanding the role of personality characteristics in the child harm literature and the GAM are noted and their potential importance is discussed and their suitability as a theoretical framework for examining men who child harm is considered. The domestic partner literature is also briefly touched on due to the potential shared risk factors and reasons are provided for excluding these offenders from this study. A summary of findings from literature examinations are then outlined as to how they guide this thesis, concluding with an outline of the current study that compares men who seriously harm a child (child harmers) to men who seriously harm an adult (adult harmers).

Chapter 3 outlines the methods used to determine what may be unique about these men or similar to other violent offenders and includes the development of an interview schedule to use with prisoner participants. The first part of the schedule was designed to capture participants' beliefs relevant to child harm and violence, as identified in previous literature. These were assessed via interviews with participants (qualitative data gathering) and included: parenting knowledge, negative attributions to the child, close relationship factors (e.g. trust), and personal situations/experiences at the time of the offense and perceptions of violence. Emerging themes are reported in Chapter 4 (under review with the International Child Abuse and Neglect journal). The second part of the interview schedule outlines the measures used to examine characteristics (quantitative data), specifically, responses to anger and provocation, attachment style, emotional control, social desirability, moral disengagement of parenting, self-esteem, child specific empathy, responses to stress and socio demographic variables, addressing a series of research questions. Quantitative data analysis examining the participants' characteristics are reported in chapter 5 (under review with the international child abuse and neglect journal).

Finally, chapter 6 jointly discusses the quantitative and qualitative data results of the beliefs and characteristics that are unique to child harmers and those similar to adult harmers. Findings are discussed in light of their contribution to the child harm literature and knowledge of parents who harm. The General Aggression Model (GAM) (Anderson & Bushman, 2002) and the Social Information Processing Model (SIP) (Milner, 1993) are reviewed as models of explanation and limitations discussed. Consideration is then given to the contribution of these findings for cumulative models of risk. An offense specific model of explanation is proposed as an improved evidence based explanatory model, suggesting this is better suited to support future

investigations of child physical harm and discusses implications of these findings for researchers and practitioners.

# Chapter 2

# **Defining the problem**

During 2015, 126 children in the United Kingdom died from homicide, manslaughter or serious assault and neglect; on average there were two deaths per week (Bentley et al, 2017). Globally, the phenomenon of child harm is estimated to be as high as 226 in every 1000 children (Stoltenborg, Bakermens-Krasenburg, Alink, Ljzendoorn, 2015) and this is further supported by cross-cultural studies (Walker, 2010; Anderson, Ambrosino, Valentine and Lauderdale, 1983). This victimization involves very young children, primarily cared for in the home, where perpetrators are often a parental figure or carer of the child (Schnitzer & Ewigman, 2005; Sidebotham, Brandon, Bailey, Belderson & Hawley, 2011; Sinal et al, 2000) with limited opportunities for them to be identified by authorities or access support (Frederick, Goddard & Oxley, 2013). These children often only come to the attention of authorities when the situation escalates to death or very serious harm (Gilbert et al, 2009; Frederick, Goddard & Oxley, 2013). Explanations of child maltreatment have produced a number of theoretical models but there remains a general reluctance in the literature to differentiate between offender types. Most studies examine either lower levels of harm or mothers not fathers, despite the predominant offender being the father or father figure (Azar, 1986; Azar & Seigal, 1990; Aber & Allen, 1987; Belsky, 1980, 1993; Cicchetti & Rizley, 1981; Crowe & Zeskind, 1992; Frodi & Lamb, 1980; Hildyard & Wolfe, 2002; Milner & Dopke, 1997; Wolfe, 1999). The literature to date lacks close examination of these particular offenders and their associated psychological pathways and the poor knowledge regarding offending fathers/father figures needs to be addressed. This thesis, guided by existing knowledge and the challenges faced by practitioners, will explore the beliefs and person characteristics of men who seriously harm children.

## The significance of the male carer

Filicide (a parent killing their child) is most commonly perpetrated by women (Ewing, 1997), however, serious physical harm to children (often referred to as fatal assault) is the most frequent method used by men to kill children (Adler & Polk, 2001). Given this gender disparity exists, it is surprising that so little is known about these male carers but can explain why historically research has focused on mothers who harm (Milner & Dopke, 1997). Notably, while male carers are the predominant offender in fatal assault, research suggests where the father figure is not biologically related (e.g. boyfriend of the mother) the risks of harm are even greater (Daly & Wilson, 1988, Roach & Pease, 2011). The examination of risk profiles, drawn from child homicide data recorded in the United Kingdom, identified that children under the age of five are most at risk from the father or father figure, who primarily kill their children by battering, whereas, mothers usually suffocate/asphyxiate their child (Roach & Bryant, 2015).

These notable differences between the offending patterns of mothers and fathers is not reflected in research approaches (Belsky, 1980, 1993) and there is little knowledge regarding the increased risks for the children of a non-biological male carer. It is unclear whether this offending forms a pattern of general violence or whether these men pose a specific threat towards children. Research examining violent men differentiates between those who 'specialized' by offending type versus those who are 'versatile' in their offending (Wright, Pratt, DeLisi, 2008). For example, those who sexually offend against children tend to have a history of this type of offending (specialized), whereas those who commit violent offences tend to demonstrate more versatility in their offending (e.g. robbery, burglary, homicide). It is possible that men who seriously harm children may not be generally criminal but specialize in harm specifically to children. Therefore, understanding the differences between versatile offenders

(general homicide) and specialized offenders (homicide/harm of children) may assist in discerning associated risks to children in their care.

# The importance of understanding serious physical harm offending against children

In serious physical harm cases, there are investigative difficulties for child protection professionals as young children may be unable or too afraid to articulate their experience and there may be little independent evidence to explain their injuries. Thus, child protection professionals often rely on medical evidence or a carer's explanations (who are often the offender or covering for the offender). A frequent characteristic of serious physical harm cases is the contradiction between the explanation provided by the carers/parents of how the injury occurred and that of the medical evidence (Letson et al, 2016). However, it is children who live with an unrelated male who are 50 times more likely to die as a result of physical abuse (Schnitzer & Ewigman, 2005). Injuries to children that are serious or life-threatening are usually evident to a caregiver/parent, however, often in physical harm cases medical attention is not immediately sought for the child and when it is, inadequate accounts of injuries are often provided. Typical injuries noted in serious harm cases include: non-accidental head trauma, including skull fractures and intra-cranial hemorrhages, multiple associated injuries including spinal and fatal abdominal injuries (Gilbert et al, 2009).

Features of serious child harm have been noted to include: children under the age of 5 most at risk (Frederick, Goddard & Oxley, 2013), domestic violence, parents mental health/drug and alcohol misuse only associated in a minority of cases. (Gilbert et al, 2009; Sidebotham et al, 2011). The male offender is usually an adult in a caring position, for example, the mother's boyfriend, stepfather, or biological father (Guterman & Lee, 2005; Lee, Bellamy & Guterman, 2009). Belsky (1993) noted that as mothers historically have been the primary carers, men have

had fewer opportunities to offend, therefore these statistics are concerning. Serious physical harm cases are frequently reported in the media and are subject to extensive child protective review processes that provide valuable information to determine what factors may be important to understand for future prevention. Examples of such cases in the United Kingdom include: 'Victoria Climbié', 'Baby P' and more recently 'Daniel Pelka'.

Baby Peter was a typical case of severe physical harm. He died in 2007 with more than 50 injuries recorded. The perpetrator, the boyfriend of his mother, moved in with Peter when he was 8 months old and within one month, Peter had noticeable bruises that resulted in the arrest of his mother. Over subsequent weeks, a number of concerns were raised by the hospital and his General Practitioner regarding marks and injuries observed on Peter. Nine months after his mother's boyfriend moved in, Peter was found dead. The second executive summary of this serious case review (Local Safeguarding Children's Board, Haringey, 2009) highlighted a failure by professionals to challenge the parents and identified that 'the uncooperative, anti-social and even dangerous parent/carer is the most difficult challenge for safeguarding and child protection services' (p.24). They identified characteristics of the parent/carer as 'superficially compliant', 'evasive', 'deceitful', 'manipulative', and 'untruthful'. These traits cause immense difficulty for practitioners trying to differentiate them from parents who are often 'dysfunctional', 'anxious' and 'ambivalent' (p. 24).

The comments in this review identify characteristics that may be particular to this type of parent, yet there is a paucity of academic research that could offer some explanation to inform child safeguarding professionals. A lack of effective interventions for children being maltreated was identified by Azar (1986), who suggested the effectiveness of treatment with families to reduce risk can only be improved with a complete understanding of the issues being dealt with

and that more severe forms of harm may require examination independently from other forms of physical abuse. Therefore, this thesis seeks to explore the psychological characteristics of men who seriously harm children and broaden the understanding of associated risk factors. To identify the beliefs and person characteristics most important to explore, the existing maltreatment literature was chronologically reviewed. The natural evolution of theoretical explanations demonstrate various theoretical assumptions and definitional/methodological challenges to researchers and a gradual recognition that contributory factors to child maltreatment are complex. For example, early theories generally produced single factor explanations (Kemp, 1962; Walter, 1975) that grew into multiple factor theories (Gelles & Straus, 1979), which progressed to defining how these factors may interact (Milner, 1993). So complex was the picture that researchers devised models to organize factors (Belsky, 1980) and explored the relationship between factors that may increase the risk of maltreatment (Cicchetti & Rizley, 1981). This evolution of literature and associated challenges are reviewed and discussed below to inform this explorative study of men who seriously harm or murder children in their care.

# Theoretical assumptions

Milner and Dopke (1997) reviewed offender characteristics and recognized themes that may be relevant to the serious harm group, including: (1) the offender's perceptions of the child's behavior, (2) expectations of a child's behavior, (3) the level of stress/distress of the perpetrator, (4) negative affectivity, (5) isolation and loneliness, (6) problematic child–parent interactions and coping skills. These themes in the child maltreatment literature and the levels of prolonged serious harm caused to some victims may be partly explained by a lack of available parenting strategies. Further understanding of how these and other factors may feature in the

physical child harm group could help explain parents who cause severe harm resulting in the death of a child. The presumptions evident in theoretical explanations can unintentionally influence the identification of these factors. Azar, Povilaitis and Lauretti (1998) list these presumptions as 1) assuming some form of *defect* (parent, child or circumstances), 2) *deficiency* (in parental skills and ability), 3) *disruption* (an external factor affecting suitable parenting), or 4) a *mismatch of ability* (parenting style or response). Overall, the underlying assumption is having poor parenting skills or a lack of parenting ability lead to child physical abuse.

One explanation of these assumptions may be that researchers and practitioners find the idea of parents seriously harming their children counterintuitive. Investigating poor parenting gone wrong is a different investigative start point than violence towards children. It is perhaps understandable that research approaches have gravitated towards defense of the parent but such assumptions may lead to inaccurate conclusions. Not all serious harm cases involve the biological parent but a parental figure who has access to a child, with harm inflicted during a short period of time (Gilbert et al, 2009; Sidebotham, 2011). Therefore, offense-specific examinations of this particular offending group may help to establish motivations to harm as opposed to assuming harm is the result of inadequately equipped parents. It could be that this offending is sadistically motivated, for entertainment, alleviation of boredom or poor selfregulation, but so far, the reasons for this aggression towards children are unclear. The examination of violence between adults has not been founded on the assumption of poor friendship skills, therefore it is not clear why the literature assumes poor parenting skills. This assumption may have arisen from two influences: (1) a difficulty for practitioners to view caregivers as capable of such behavior, together with a tendency to over-accept a parent's account of what happened to the child; (2) a lack of clarification of offender subtypes within

child maltreatment knowledge, leading to findings from one offending subgroup to be generalized to another (for example, mothers to be generalized to fathers) (Azar et al, 1998).

# Definitional and methodological challenges

Establishing the frequency of serious physical harm is difficult and conviction data can be misleading. As of June 2013, there were 46,858 prisoners in the UK detained for violence-related offenses and 233 of those were men convicted of a non-sexual violent offense against a child below the age of 11 (Joe Longman, National Offender Management Service, personal communication, November 25<sup>th</sup>, 2013). The conviction data are not an accurate portrayal of the frequency of serious physical abuse against children as they represent only those cases where justice has been served. Neither are statistical reviews accurate. The NSPCC (2011) found these yield inconsistent results in part due to methodological differences, such as the recruitment of participants, the definitions and measures employed (Giovannoni, 1989) and under reporting of offenses (Frederick, Goddard & Oxley, 2013). Tzeng, Jackson and Karlson (1991) suggest that the challenge for researchers to produce useful models using published empirical support, is compounded by the methodological differences between studies, such as, a paucity of control groups, small samples sizes (making generalizations difficult), failure to provide clear definitions and to eliminate bias during participant selection

It is widely acknowledged that the effective study of child maltreatment is theoretically and methodologically challenging (Cicchetti & Rizley, 1981; Ammerman, 1990, Giovannoni, 1989) with a systematic lack of clarity in defining child abuse. For example, physical abuse, neglect, sexual abuse and emotional abuse often have shared risk factors. The literature is consistently unclear on how to differentiate between types of physical abuse and fails to apply any reliable frame of reference; this lack of clarity and consistency can, in part, be accounted for

by the practical challenges of researching this area, which has been plagued by definitional difficulties (Giovannoni, 1989). Child maltreatment can be generally grouped into a few broad categories that include: physical, sexual, psychological abuse and neglect. Giovannoni (1989) reasons that within each group of professionals, such as medical staff, social workers, legislative providers, education providers, police and public, perception provides different definitions and/or views of each 'abuse type' complicating the challenge for both researchers and practitioners. This has resulted in findings from one form of abuse often being incorrectly generalized to wider populations and creating difficulty in deciphering which factors may be relevant to a particular offense, from a range as wide as poor parenting to the murder of a child.

The lack of differentiation between offender types may assist in explaining the lack of consistency in the findings of physical harm studies. Milner and Dopke (1997) examined negative affectivity of offenders and found that while offenders report more emotional problems than non-offenders, there were also differences in the types of emotional problems the offenders experienced. Some studies found depression/unhappiness and sadness to be common (Frodi & Lamb, 1980) and others found annoyance, anger, hostility and aggression to be predominant (Milner & Dopke, 1997). It may be that these different results are associated with differing offender types and offense patterns and this creates difficulty in using existing theoretical models of general harm (Belsky, 1980, 1993; Cicchetti &Rizley, 1981; Twentyman, Rohrbeck, & Amish, 1984; Azar, 1986; Azar & Seigal, 1990; Aber & Allen, 1987; Milner, 1993; Gil, 1987) to explain serious physical harm. These difficulties are further complicated by the multitude of factors relevant to child harm, such as: social support/isolation, perpetrator psychology, victim psychology, family dynamics, community and cultural influence. Developing empirically-supported theoretical explanations that can establish the relationship between factors, be it causal

or correlational, challenges the most effective of methodologies (Cicchetti & Rizley, 1981; Cicchetti & Carlson, 1989)

To address the definitional difficulties researchers have proposed using legal definitions of harm as a guide (Cicchetti & Barnett, 1991), which for the serious physical harm men would include offenses of murder, grievous bodily harm, actual bodily harm and any attempts of these towards a child. Use of this legal definition offers clarity on the level of harm defined by an objective third party and proved beyond reasonable doubt. Cicchetti and Barnett (1991) suggest this allows specific categories for consideration in the abuse of children, such as: 1) the type of abuse, 2) the severity of harm, 3) the frequency of harm, 4) the age of child, and 5) any involvement of protective services. If researchers use these criteria to select convicted cases it allows findings to be effectively applied in practice, thereby offering the best opportunity to guide and support child safeguarding professionals. This clearly defined approach, to differentiate between offenders, is supported in the violence literature where describing differences between violent offenders have been shown to be necessary to improve strategic interventions, such as treatment programs specific to their unique needs (Davey, Day & Howells, 2005; Polaschek, Calvery & Gannon, 2008; Chambers, Ward Eccleston & Brown, 2009; Anderson & Bushman, 2002; Baumeister & Heatherton, 1996).

## Early explanations of child physical harm

Child serious harm was defined in 1962 by Kemp and colleagues, a group of American pediatricians who identified a pattern of offending termed 'the battered child syndrome' (Kemp, Silverman, Steele, Droegemueller & Silver, 2013). This formally acknowledged the prolonged serious physical abuse of children as a concern and resulted in inaugural legislation that required child abuse and neglect to be reported (Walker, 2010). This national review of hospital data by

Kemp and colleagues steered them to outline a psychiatric model of explanation that recognized 'types' and 'characteristics' of these offenders, exposing a lack of perpetrator knowledge in both the professional and researcher. Unfortunately, the review did not, with any scientific rigor, identify specific psychological characteristics of the perpetrators but did offer some useful observations when seeking to explain child physical harm. The study found commonalities of perpetrator character to include: low intelligence, sociopathic/psychopathic traits and personality characteristics of immaturity, impulsiveness, self-centeredness, hypersensitivity, impulsive responding, and poorly-controlled aggression. However, it did not differentiate on the gender of the parent so it remains unclear as to who these findings are applicable. The etiological factors documented in the study included: alcoholism, sexual promiscuity, unstable marriages and minor criminal activities. These general observations had a significant impact on researchers and inspired greater attention to this gap in knowledge on physical harm (Azar, 1986; DiLillo et al, 2006; Farc, Crouch, Skowronsky & Milner, 2008; Perez-Albeniz & Paul, 2003; Rodriguez & Richardson, 2007; Rosenstein, 1995).

Contemporary support for Kemp et al.'s findings comes from Sidebotham et al (2011). From a review of 276 cases, they found perpetrators were most likely to fall on a 'spectrum' as opposed to one 'homogenous group'. They found different types of fatal child maltreatment, which included: (1) severe physical assaults, (2) covert homicide/infanticide, (3) deliberate/overt homicide, (4) extreme neglect/deprivation, and (5) deaths related to, but not directly caused by, maltreatment. This proposed typology of offending implies dissimilar victim and perpetrator characteristics, which may have tangible implications for frontline professionals tasked to identify, investigate, manage risk and subsequently rehabilitate these offenders.

Empirical evidence for the psychiatric approach has identified some relevant personality characteristics, such as poor impulse control, lower self-esteem and an impaired capacity for empathy (Friederick & Wheeler, 1982). Kokkevi and Agathonos (1987) used control group comparisons to examine the IQ and personality characteristics of 33 battering parents (16 fathers and 17 mothers). They found battering fathers showed no difference in IQ compared with the control group but battering mothers demonstrated a significantly lower IQ in comparison to the control group. Battering mothers were found to be significantly shyer, more restrained, threat sensitive, undisciplined, self-conflicted and followed their own urges, compared with the controls. In contrast, fathers were more controlled and compulsive. The gender comparison in this study suggests that there may be differences in the personality characteristics of mothers, who are the primary offenders of causing death by neglect, and fathers, who are the primary offenders of causing death through physical harm. Milner and Dopke (1997) suggest that a 'serious psychopathology may be associated with very severe forms of child assault' (p.39).

Walter (1975) proposed that there may be types of offenders within child maltreatment. Walter had the intention to support practitioners and assist the treatment of offenders (Tzeng, Karlson & Jackson, 1991), and based on clinical evaluation suggested ten types of abuser, namely: (1) socially and parentally incompetent, (2) frustrated and displaced, (3) situational, (4) neglectful, (5) accidental or unknowing, (6) victim-precipitation, (7) mentally ill, (8) subcultural, (9) institutionally prescribed (abuse occurring in public care settings), and (10) self-identified abusers. Walters' development of typologies is too broad to be useful in child protection and was devised before much work had been done to understand child physical harm. These broad typologies appear as a mixture of etiological, personality and social factors, the complexity of which do not allow for any predictive capability in child harm cases. However, aspects such as

parental incompetence, social incompetence, displacement and frustration may be useful to consider in an examination of the serious harm group. Tzeng et al (1991) developed Walters' proposal by grouping the typologies into four different categories: 1) parenting behavior (2) social forces (3) situations and (4) personality. This work was helpful in identifying different groups of factors influencing child maltreatment but did not differentiate between the types of maltreatment so it is limited in its ability to provide appropriate support to practitioners required to manage risk.

The benefit of these early typologies is they may be useful to consider along with the type and level of harm and provide consistency of support to Sidebotham et al's (2011) proposal that differing offenders exist within the child harm group; a concept worth exploring. Single factor models did little to inform the preventative work of child protection agencies and focused on treating offenders, who were presumed to be mentally ill. Further work has shown that only a small number of offenders are mentally ill and it is a more frequent factor among mothers, not fathers who offend (Milner & Dopke, 1997). Kemp et al's (1962) early identification of offender characteristics and singular explanations of child harm failed to attend to etiological risk factors, such as family, community and cultural influences (Belsky, 1980, 1993).

The single factor models provide particular factors that can be included in more complex etiological and transactional frameworks. For example, the socio-biological approach identifies an evolutionary perspective, which includes the concept of natural selection and survival that explains a parent's motivation to harm is to maintain the genetic population of future generations (Daly & Wilson, 1980; Burgess & Garabina, 1983). This explanation is best applied to an increased risk of physical abuse to children who are premature (Zigler & Hall, 1989) or suffer from a disability (Aber & Zigler, 1981), however, it does not help explain why some biological

parents are convicted of serious harm to healthy children. These statistics challenge the socio-biological approach that suggests aspects of an inherited characteristic can explain aggressive behavior, as empirical findings have not always supported such a presumption. Plomin, Nitz and Rowe (1990) argue that aggression is not an aspect of personality that is 'inherited' and suggest advising caution when discerning genetic transference of possible contributory factors.

Successful examinations of biological influences have come from studies of abusive mothers who showed increased physiological responses to child stimuli, in comparison to nonabusive mothers (Frodi & Lamb, 1980, Friedrich, Tyler & Clark, 1985; Wolfe, Fairbank, Kelly & Bradlyn, 1983, Crowe & Zeskind, 1992). However, consistent with other published studies, there is a lack of similar examinations of physiological responses to child stimuli in fathers (Milner & Dopke, 1997) and whether this is related to beliefs the parent may have about their child and child harm. Other biological studies have suggested a number of dysfunctional capabilities in parents who harm. For example, coping, verbal and perceptual interactivity or the ability to adopt effective parenting strategies were characteristics identified by Elliott (1988). These findings are useful to determine the relevant risk factors for parents in cases of general physical harm but do not help with the severe physical harm cases such as murder or torture. Typical severe cases discussed earlier, such as Daniel Pelka and Baby P, show such a level of harm and disregard of any caregiver responsibility that to minimize risk factors to the parent's reactions to crying, fails to provide a complete explanation. This is supported by evidence that the typical characteristics of a severely abused child over time are that they do not always cry very much but are often quiet, withdrawn and fearful of the caregiver (Walsh, 1990). So marked and noted was this type of response that it was termed 'frozen watchfulness' and taught to professionals to help them in identifying at-risk children.

The result of single factor approaches to explaining child harm was that a wider recognition of external etiological factors was required to provide comprehensive explanations of child physical abuse (Belsky, 1980; Cicchetti & Rizley, 1981). However, although single models have generally not enjoyed longer term support, Tzeng, Jackson and Karlson (1982) propose that most researchers recognize that to establish a thorough understanding of child maltreatment such an examination of individual factors is necessary. Single factor theoretical proposals have sought to explain general child maltreatment (Kemp et al, 1962; Gil, 1970) but none adequately explained why a parent would physically harm their child and so further factors were identified and multifactor models were developed (Belsky, 1980, 1993; Burgess, 1979; Cicchetti & Rizley, 1981; Gelles, 1973; Parke & Collmer, 1975; Schneider, Pollock, & Helfner, 1972).

# The broader exploration of multiple factors contributing to child physical harm

Through the 1980s and 1990s, learning models, based on the principle that aggression is learnt (Vasta, 1982; Tzeng, Jackson & Karlson, 1991; Bandura 1973). Whereas, Social/cultural models hypothesized that child maltreatment was affected by socioeconomic circumstances, stress and educational levels (Goode, 1971; Gelles & Straus, 1979 & Gil, 1987), in the attempt to explain why parents physically harm their children. These multi-factor models were accepted as more comprehensive than any singular explanation (Aber & Allen, 1987; Azar, 1986, 1989; Azar & Seigal, 1990; Farrington, 1986; Hillson & Kupier, 1994; Milner, 1993; Stringer & LaGreca, 1985; Twentyman, Rohrbeck, Amish, 1983) and provided a guide to additional factors that may be relevant when examining the personality characteristics of men who seriously harm children, for example, the importance of stress and an individual's ability to cope, or the influence of a perpetrator's educational level or childhood experiences.

One of the earliest researchers to examine external influences from a sociological approach was Burgess (1979), who suggested that rather than examining individual factors, the "forces within society that lead adults to abuse their children" (p. 782) should be reviewed. His Social Interactional Model offered basic assumptions that were developed from a study titled 'Project Interact'. This observational study recruited abusive or neglectful families and compared them to control group families (Burgess, 1979). Findings indicated that the abusive families interacted less and had fifty percent fewer positive interactions compared to the control group. Tzeng, Jackson and Karlson (1991) summarized Burgess' theoretical assumptions as: (1) a deficiency of parenting, (2) deficiencies in social and coping skills, (3) deficiencies in the characteristics of the child, (4) psychological and sociological stressors, and (5) disturbed family interaction patterns. Thus, the theme of inadequate parenting, first proposed in the earlier predominantly single factor explanations, continued into later multi-factor literature, where factors such as a deficiency of parenting and coping skills are identified as contributing to child harm (Gelles, 1973; Gill, 1970; Ammerman, 1990). The characteristics of the child may be relevant to how the offender perceives the child, and these should be considered when investigating men who harm children.

The weakness of Burgess' study, as with many others, was that it did not define abusive behavior and did not provide any new knowledge as to the psychological characteristics of the parents or offender types. As Burgess highlighted, such findings do not explain why many low status families are functional and loving. Indeed, it would be wrong to assume that child maltreatment is exclusively an issue aligned with the social status of the family; it could be argued that the more educated or socially aware parent may be more adept at concealing abuse and providing professionals with appropriate explanations for injuries or harm. For example,

some individuals who are economically successful are also diagnosed with anti-social personality disorder (ASPD) and can be equally susceptible to drug, alcohol or domestic violence problems (Foster, 2014). The ability to lie effectively and manipulate others, demonstrating little empathetic capability, is characteristic of ASPD (Hare, 1996). It is not suggested that this is evidence of child maltreatment but without empirical support to the contrary, it is an avenue that must remain open to exploration.

Subsequent research has supported the relevance of examining external factors identified by Burgess (Milner, 1993, 1994; Azar, 1986, 1989; Wolfe, 1985) and the sociological approach has proven helpful for identifying at-risk families, despite the fact that it cannot explain why some families affected by these factors harm their children and others do not. For example, it cannot account for why mothers are the primary offenders in child neglect cases or fathers (biological and non-biological) are the primary offenders in severe physical abuse cases.

However, the evolution of empirical research appeared influenced by the concept that severe physical harm was infrequent. Burgess (1979) argued that "too much emphasis has been placed on physical abuse" (p.784) and acceptance of this opinion may have reduced attention to psychological characteristics, in favor of an examination of the wider issues.

A key theme throughout the maltreatment literature, embedded in single and multiple factor explanations, is the role of stress in child harm (Farrington, 1986; Gelles & Straus, 1979). It is considered a significant contributory factor (Gelles, 1973), however, while parents can find childrearing stressful, the majority do not seriously physically harm their children. Farrington (1986) suggested a general stress theory to explain family violence, emphasizing that physical harm was only one possible outcome of stress and outlined other factors which may influence stress leading to violence, for example, gender, socioeconomic status, previous experience and

the parents' perception of violence. Empirical evidence supports the importance of the parent's responses to stress and their ability to cope with stressful experiences (Burgess, 1974; Gelles & Straus, 1979; Milner, 1993) and Farrington argues that if the stress demand on an individual and society outweigh the coping mechanisms, it can become a determinant of violence. Thus, stress and coping mechanisms are important factors to examine in men who cause serious harm. Stress in family violence can be used to explain both premeditated (instrumental) and reactive (hostile) aggression (Finkelhor, 1979 in Farrington, 1986) with empirical research differentiating between types of child abuse as Finkelhor found that 'stress seems to be related to certain types of family violence' (p.138).

The development of dual and single factor models has contributed new knowledge on factors that are relevant to child harm but they are unable to provide a full account of child maltreatment. For example, aggression is not necessarily inherited (Plom et al, 1990); physiological arousal, whilst acknowledged as a contributory factor, is not a causal one (Milner & Dopke, 1997); social influences cannot account for families that do not maltreat their offspring, given the same conditions (Gil, 1970; Burgess, 1979); not all parents experiencing stress harm their children (Farrington, 1986) and psychiatric models neglect etiological influences (Kemp et al, 1962). Therefore, a learning approach was adopted by the research community. Bandura's (1973) social learning model essentially viewed child maltreatment as a learned behavior assumed from childhood influences (in Tzeng et al, 1991) and while it cannot account for why some who experience an abusive childhood do not go on to abuse, it does provide good empirical support for learned aggression (Kratcoski, 1982 in Tzeng et al, 1991). It is evident that providing a model to account for child maltreatment is a complex process

involving multiple risk factors and individual models are limited in their usefulness, most probably because they offer too simple an explanation for a more complex phenomenon.

# The interaction of factors contributing to child harm - A cognitive approach

To account for the increasing complexity of contributory factors in child harm, interactional models sought to identify patterns in the relationship between factors, such as, the characteristics of the child and the external stress on the family. These interactional models were developed to include and contextualize the relationship between relevant factors (e.g. childhood experiences of offenders) and their effect on the individual's personality characteristics (e.g. parental perception of children). The predominant research focus moved to the abusive parent's or carer's perception of their children and associated thought processes. For example: the cognitive developmental model (Newberger & Cook, 1983), the cognitive behavioral model (Twentyman, Rohrbeck & Amish, 1984), and the social cognitive model (Azar, 1986, 1989). Twentyman et al (1984) proposed a four-stage model of cognitive processing starting with the parent having unrealistic expectations of the child, such as, expecting a 2-year-old to dress independent of help, or a 7-year-old to cook a meal unassisted. When the child behaves in a manner that is inconsistent with those expectations, the parent infers the child's behavior as deliberate, with an intention to annoy the parent, which results in the parent overreacting and using excessive punishment. Theoretically, this model may account for general physical harm but it does not include the role of personality characteristics or differentiate between offender types and the level of harm. However, given that the present rehabilitation approaches are cognitively driven, this approach may support offense-specific programs for these offenders.

Azar (1986) suggested research should examine parental cognitions, impulse control and parent-child interaction, and emphasized factors such as stress and social support. Commenting

on differences in types of physical abuse, Azar (2002) argued that perhaps with the age of the child (effecting mostly younger children) more extreme levels of harm may need to be distinguished from lower levels of harm to identify different presentations of offending.

Newberger and Cook (1983) proposed examination of the process involved in a parent's awareness of their parenting, the normal expectations of children and the parent's understanding of their child's perspective. The importance of a parent's thinking processes as a factor in child harm grew among the research community and, as in the sociological and biological approaches, it became evident there were multiple factors to consider. Milner (1993) proposed the social information processing model, which is well regarded, to support researchers examining these factors to enhance theoretical understanding of these parents.

Milner's (1993) model is offense-specific and designed to improve the understanding of the cognitive processes particular to parents who physically harm children. Milner outlined three stages of cognitive processing with a final stage that is cognitive/behavioral. The advantage of this model is its focus on information processes and cognitive distortions specific to a child and so is target-related. The model also acknowledges that there is interaction between factors such as child behavior, social influences and the role of empathy. In stage 1 those who physically abuse children have 'distorted perceptions and biases of their child's behavior' (p227) and it is suggested that parents who abuse are more negatively affected by child-related stimuli, for example, they experience a greater degree of stress. Milner (1993) argues they are generally less attentive as parents and less informed regarding appropriate expectations of children and includes the typical assumption in child harm literature of poor parenting gone wrong. What is not known is whether this is an appropriate assumption for men who seriously harm or murder

children and this thesis seeks to examine this assumption to determine its applicability to the severe physical abuse offender.

Stage 2 of the process model is the parent's interpretation, evaluation and expectation of their specific child's behavior and suggests that the distorted perception and biases affect the interpretation of the behavior. These evaluations are distorted by the bias towards 'inferred negative intent', which in addition to a lack of child knowledge, create inappropriate expectations of the child. However, whilst this concept of easily accessible distorted perceptions is supported (Azar, Nix & Makin-Byrd, 2005; Crouch & Behl, 2001; Milner & Crouch, 2013), some challenge the lack of attention to the role of personality characteristics in this process. Rodriquez & Richardson (2007) found that expectation of a child's behavior was not a supportive factor in determining the risk of child physical abuse but instead identified empathy and attachment style as predictors. Stress as a key external factor is highlighted by Milner (1993); as stress levels are increased they can exacerbate the distorted perception by the parent. This concept is supported by both aggression and child harm literature (Crouch & Behl, 2001; Milner, 1993, 2000; Farrington, 1986). The understanding of personality factors, such as empathy and attachment style, is very limited in child physical harm research and close examination of men who inflict severe physical harm is lacking.

Stage 3 of Milner's model proposes a further factor influencing a parent's reaction: they do not assimilate relevant information from the situation, either by not noticing it or ignoring it. For example, a two-year-old expected to dress themselves and not yet physically able to do so could be the parent ignoring the child's age-appropriate abilities and this could lead to subsequent inferences by the parent that the child is defiant. Milner (1993) discusses these distortions and biases as being "rigidly set" (p277) and it is possible that men who commit

severe physical abuse hold more extreme or rigid beliefs. The model primarily appears suited to explaining hostile aggression, such as, reactivity to stress and the frequent activation of negative schemas, driven by poor assimilation of situational factors. However, Milner suggests the difference between hostile (automatic aggression) and instrumental (pre-meditated aggression) may be due to a fluctuation of automatic and controlled responses between and within each stage. Cases in the serious harm group often show physical injuries possibly associated with pre-meditated aggression, such as cigarette burns, and this may be a result of target-related schemas that personalize the child's behavior.

The final 4<sup>th</sup> stage is explained as "response implementation and monitoring" (p278) and accounts for the parents' capability to implement a response which is dependent on their skills and coping mechanisms. Parenting strategies are noted as a key feature in parents who harm children (Elliott, 1988 in Milner & Dopke, 1997) and these may be relevant in those who seriously harm children, and so require consideration. However, serious harm is unlikely to be solved simply by learning appropriate disciplinary techniques and a greater understanding of these parents is required to determine appropriate treatment responses. The "poor parenting gone wrong" assumption used to examine these offenders may not be appropriate to drive theoretical examinations, therefore greater understanding of these men is required to evaluate the applicability of this assumption for severe harm cases.

The focus on and popularity of identifying cognitive processes within child physical abuse has progressed in recent years because it has offered a good theoretical basis that is empirically supported and offense-specific (Crouch et al, 2001; Milner et al, 2013; Seng & Prinz, 2008). Furthermore, thought processes are considered to be affected by and interdependent with emotional control, which may act as a mediator in guiding behavioral responses (Seng & Prinz,

2008). Evidence supporting this view has been found regarding the role of empathy (Asla, DePaul & Perez-Albeniz, 2011) and self-esteem in aggression literature (Garofalo, Holden, Zeigler-Hill & Velotti, 2016), suggesting an examination of the personality characteristics of these parents may inform existing theoretical models. A key weakness in Milner's model is a lack of the offender characteristics that general aggression theories consider important (Anderson & Bushman, 2002, 2011; Allen, Anderson & Bushman, 2018). Milner (1993) recognized this gap as a valuable research path to explore and proposed future research should examine the role of factors, such as self-esteem, ecological events and stress. Milner argued that those who harm children have a perception of children's behavior which is different to those who do not and these perceptions are exacerbated by their experience of stress. The relevance of this for men who seriously harm children deserves study.

There is very limited evidence examining personality characteristics of parents, in particular fathers, who physically harm children. However, some isolated studies provide data to support further study of these men. Francis & Wolfe (2008) studied the cognitive and emotional differences between abusive and non-abusive fathers, identifying stress as a contributory factor, and although they did not clarify the level of abuse, they did compare abusive fathers to a normal control group. Rodriguez, Smith and Silva (2014) tested Milner's model and identified factors such as attitudes, negative child attributions, reactivity and a lack of empathy, all of which predicted physical child abuse for both mothers and fathers. Despite the limited availability of studies testing cognitive models on fathers, those available suggest some merit in using a cognitive approach to examine the characteristic of fathers who seriously harm their children. However, there are multiple factors for consideration in child harm offending that are not included in these models, such as family factors, community factors and cultural factors.

# The emergence of a complex picture requiring theoretical organisation

Research evolved to produce multifactorial organizational models to coordinate this complex picture and examples include: the social interactional model (Burgess, 1979), socialsituational model (Park and Collmer, 1975), social-psychological theory (Gelles, 1973), ecological model (Belsky, 1980), and transactional model (Cicchetti & Rizley, 1981). In the absence of evidence for a single causal factor for child maltreatment, these models provide a framework to test empirically-evidenced factors. Belsky (1980) organized existing theoretical research into an ecological framework, which is well-regarded and included: the individual (ontogenic development); the family (microsystem); the community (exosystem) and the culture (macrosystem). Belsky's intention was to encourage researchers to not just identify the relevant factors but to also "examine the relationships" between them to act as a "guide for future research" (Belsky, 1980, p321). Belsky was one of the first to formally identify how complex the research area is, recognizing a need for more dynamic, flexible models. This system of organization was well-received and allowed previously identified factors to be coordinated within a framework, thereby enabling examination of the relationships between factors, such as poor emotional control, stress and social support. Although Belsky's model allowed for inclusion of some of the complexity of child maltreatment factors, Azar (1991) noted that the model failed to allow for the prioritizing of one factor over another factor. Another perhaps more significant shortcoming is the lack of differentiation between types of maltreating parents. Addition of offender types would allow the model to be effectively applied, since factors relevant to the serious physical harm group may not be important for parents who commit lower levels of harm.

The concern of differentiating between maltreatment types can be seen in the ontogenic development structure of Belsky's model. Belsky suggested the offender's own childhood experiences are an important factor as they have often been either abusive or neglectful and most individuals who maltreat children were also maltreated themselves (Kemp et al, 1962; Park & Collmer, 1975). However, not all children who have been aggressed against grow into adults who aggress against others, therefore other factors must be responsible (e.g. knowledge of child development). Further, Cicchetti & Rizley (1981) proposed a transactional model that could describe the relationship between "environment forces; caregiver characteristics and child characteristics" (p50). The authors suggest that if different risk patterns were identified in maltreating groups, it could assist the classification of groups. They wanted to identify a 'nosology of child maltreatment' (p.42) and although they did not proffer offender types, they did suggest different offense types and proposed a model that allows flexibility in the relationship between risk factors. They allocated risk factors into categories that determined the increase or decrease in probability of harm occurring. The two broad categories were 'potentiating' factors (increased risk of maltreatment), for example, a child with challenging behavior, a history of abuse in the family or personality attributes of the parent, and 'compensatory factors' (decreased risk of maltreatment), for example, good social support, stable family or financial security.

To further classify individual influences of risk factors, Cicchetti & Risley (1981) devised subcategories under potentiating and compensatory that enabled researchers to account for factors that temporarily increased risk (challengers), such as unemployment or those that permanently increased risk (vulnerability factors) such as high trait levels of anger. This organization that combines both multiple factors and an assessment of their influence on the risk

of maltreatment provides greater clarity than previous models and can help explain the circumstances in which some parents who were harmed as children do not progress to harm their own children. The authors indicate that the balance of different factors and the relationships between them offer different outcomes. For example, factors that reduce maltreatment (compensatory) include: intelligence level, social support and financial security. Factors reducing maltreatment (potentiating) include: poverty, poor parenting skills and childhood history of harm. Identifying factors relevant to the personality characteristics of men who seriously harm children may provide evidence of individual factors to include in these models and increase their predictive capability of maltreatment.

Both Belsky's (1980) organizational model and Cicchetti & Rizley's (1982) transactional model were integrated by Cicchetti, Toth and Maughan (2000) to propose an ecological-transactional model to assess the impact of child maltreatment. They grouped child maltreatment using Belsky's (1980) ontogenic, microsystem, exosystem and macrosystem that included the dynamic relationships between factors. The modification of risk remained as an interplay of potentiating and compensatory factors and examines multiple risk factors together. The model allows consideration of multiple factors but these are only populated by existing knowledge, which highlights the paucity of research on men who harm children. This is evident in the ontogenic level of the model that focuses on the risk factors pertinent to a child such as, difficult temperament or school difficulties and would benefit from greater knowledge of the parent factors. The model allows for parental psychopathology within the microsystem and include: intergenerational abuse, parental psychopathology, and maladaptive child-rearing practices, yet there is limited data to populate this. The focus on child characteristics, as opposed to parental psychopathology in the ontogenic system, is a reflection on the paucity of research on parents.

There is limited recognition of parental cognitive deficits, empathy deficits and social processing biases that researchers deem important (Milner, 1993; Wagner et al, 2014). While child factors are important it has been suggested that the parental and contextual factors should be given priority (Azar, 1991) possibly as they may be a better predictor of harm. The absence of an adequate theoretical framework and widely differing models has resulted in a failure to include important factors that have led to inconsistent findings and a lack of effective family interventions.

## Considerations for the examination of child maltreatment

The models developed in child maltreatment have been broad but more often have not distinguished between maltreatment types (e.g. physical harm, neglect, severe physical harm, emotional abuse). Azar et al (1998) suggested that use of such broad models has increased the complexity of the models as they try to account for too wide a subject. The challenge is to provide models that offer clarity and testability (Azar et al, 1998). However, progress has been made from the previous definitional difficulties (Cicchetti & Barnett, 1991b) and while models may be more complex, they are also more comprehensive (Belsky, 1980; Cicchetti et al, 2000). Therefore, in the case of men who seriously harm children it seems a natural progression to examine them against an ecological—transactional landscape. This could assist in the identification and prioritization of factors relevant to that particular group and provide empirical support for different types of offender (Gelles & Straus, 1979; Oldershaw, Walters & Hall, 1989; Walter, 1975). Furthermore, it may benefit frontline practitioners, helping to identify children at risk with a more efficient use of scarce resources. Examining child death outcomes, Gilbert et al (2009) suggested offending patterns may indicate different types of offenders and Belsky (1993)

argued that understanding the actual behavior aligned with each of these categories would 'enhance future work' (p. 413).

There has been a resistance by researchers to categorize offenders. Azar (2002) proposed that parental maltreatment of children is not easily categorized but is a continuum. However, the levels of physical harm, patterns of harm and type of carer (biological, non-biological or acquaintance in the home) vary in physical harm cases and may be useful categories. For the serious harm group there may be different personality characteristics that could be categorized to assist a more effective examination of cases (Sidebotham, 2011), as evidenced with etiological factors (Belsky, 1980) and cognitive processing of offenders (Milner, 1993). Theoretical approaches in child maltreatment have offered a multitude of paths for researchers to follow, with research generally driven by the need to rehabilitate offenders and identify the risk of harm (etiological factors). Research also seeks to understand and identify preventative measures, such as parenting strategies (psychiatric factors).

# Broadening theoretical considerations: The general aggression model (GAM) and its contribution to child harm

To broaden the scope of this study and ensure consideration of all relevant factors, research on violence that holds different assumptions to the child harm literature will be reviewed, as these parents may share relevant characteristics with violent offenders. Definitions of aggression is behavior that demonstrates an intention to cause harm (Babcock, Tharp, Sharp, Heppner & Stanford, 2014). Aggression has been defined as hostile, therefore emotionally reactive (Geen & Donnerstein, 1998) and motivated by anger or provocation (e.g. frustration with a crying child) or instrumental harm, therefore premeditated and motivated by inferred hostile intent (Anderson & Bushman, 2002). Premeditated harm has been defined as deliberate or

purposeful behavior that reflects different goals (e.g. a dislike of a non-biological child) (Murray-Close, Ostrove, Nelson, Crick and Coccaro, 2010; Anderson & Bushman, 2002). It may be that some child harmers are sadistically-motivated, as is evidenced in a minority of violent offenders (Baumeister & Campbell, 1999). Injuries, such as cigarette burns or scalding with boiling water, that result in the death of a child imply directed aggression and a type of offender that challenges the 'poor parenting gone wrong' assumption and who possess different motivations, which further research on aggression may inform.

Aggression literature has mirrored the development of child maltreatment research with a multitude of domain specific models, such as, cognitive neoassociation theory (Berkowitz, 1993), social learning theory (Bandura, 1978), script theory (Huesmann, 1998), excitation transfer theory (Zillman, 1988), social interaction theory (Tedeschi & Felson, 1994), and frustration aggression hypothesis (Gilbert & Bushman, 2017). Anderson and Bushman (2002) developed a general aggression model (GAM), which similar to Milner (1993), includes psychological and social influences and provides a general framework to explain aggression. This theoretical framework has been widely used by many groups, it is comprehensive and includes motivational, personal and situational factors to explain aggression. Aspects of this model will be considered in contemplating a suitable model in the examination of men who seriously harm children.

Factors considered important in the GAM are derived from either the person or the situation. Person factors include: traits, gender, beliefs, attitudes, values, long-term goals, and scripts. Situational factors include: aggressive cues, provocation, frustrations, pain and discomfort, drugs and incentives (albeit these are hostile factors by nature). These input factors influence and interact within three internal routes, guided by cognition (hostile thoughts and

scripts), affect (mood, emotion), and arousal (situational factors e.g. heat), suggesting these three represent the internal state of the individual and its output is characterized by two pathways of either 'thoughtful' or 'impulsive' action. The GAM suggests that personality traits are causal person factors and a 'sum of the knowledge structures' (p.35) which include: perceptual schemata (e.g. physical object like a pram) or a social situation (e.g. crying child); 'person schemata' (beliefs about specific people) and 'behavioral scripts' (for example, in different situations). The model suggests where a knowledge structure (e.g. the child does not like me) is linked to an affective state (e.g. anger), this can produce anger-related aggression. Knowledge structures are not dissimilar to models used in child harm research, which propose the expectations and perception of children may be an important factor (Milner, 1993). Anderson & Bushman (2002) suggest that understanding the perpetrator's motivations is key to differentiate between hostile or premeditated aggression. Motivations of hostile (reactive) aggression may include: compliance of the child or release of tension and instrumental (premeditated) motivations to be perceived as powerful or gain satisfaction and need consideration with child harmers. These motivations should be examined in the child harm group to evaluate how the GAMs contribution, contrasted with the physical harm literature, informs our understanding of aggression against children.

The GAM suggests that provocation and frustration of the offender are two key situational factors and this holds some parity with child maltreatment research, which suggests that emotional reactions result from frustration (Rodriguez, Russa, & Kircher, 2015; Twentyman et al, 1984). These situational factors are defined as 'interference with one's attempts to obtain an important goal' or 'blockage of goal attainment' (Anderson & Bushman, 2002, p37). For example, compliance from the child or a release of stress may be two such goals that the

demands of a child may interfere with, or it could be provocation/frustration evolving from factors not related to the child but aggression which is displaced aggression (Vasquez et al, 2013). Similarly to child harm research, person factors in the GAM consider gender to be relevant in determining the effects of provocation (Anderson & Bushman, 2002). Aggression and violence are preferred choices of behavior of men, compared with women, as supported by the greater number of men who commit child harm (Gilbert et al, 2009) and by empathy studies that demonstrate fathers are more likely to make errors of judgment when interpreting emotion than mothers (Asla et al, 2011; Rodriquez, 2013; Wagner et al, 2014).

The GAM is, like the social information processing model (Milner, 1993), cognitively driven with both beliefs and attitudes considered to be key contributors in aggression, with a parent's thinking being interdependent on emotional reactions, which in turn act to guide behavior (Seng & Prinz, 2008). Aggression literature suggests that cognitive distortions are characterized by scripts/hostile cognitions and knowledge structures (Anderson & Bushman, 2002) and child harm research suggests high risk parents are likely to infer greater hostility from ambiguous child behaviors or expressions than low risk parents (Farc, Crouch, Skowonski & Milner, 2008). In the GAM, hostile thoughts are the 'frequent activation of a concept, results in it becoming chronically accessible' (Anderson & Bushman, 2002, p.38), which may account for the offense pattern of severe harm cases of repetitive harm over a short period of time. The model proffers that aggression is triggered by exposure to a particular situation that increases the dominance of such cues, for example, a crying child. Similar to Milner's SIP model, it considers the offender's beliefs on aggression as important and is an underlying assumption in the GAM (Ferguson & Dyke, 2012). Therefore, child harm research and aggression research provide

support that the beliefs of offenders are important in understanding those who cause harm to children.

In the GAM two key aspects of these beliefs, according to Anderson & Bushman (2002) is 'self-efficacy' where the offender is confident in executing a certain act and 'outcome efficacy', where they will obtain the desired outcome. Examples of self-efficacy of child harmers may be: I am more powerful, it is my right as a parent, no-one will know, or I am the boss. Examples of outcome efficacy could include: the child will listen, they will be quiet or they will know who is boss. However, currently there is no evidence of the beliefs of men who seriously harm children and it may be useful to the development of theoretical explanations of child harm to understand differences between those who seriously harm children and general violent offenders. Different offender types may have different beliefs and may therefore be more likely to commit offenses against different targets. For example, research on children targeted for sexual harm is theoretically more advanced, the beliefs and attitudes of these offenders include: the child wanted sex and the child was not harmed (Ward & Keenan, 1999), and in adult sexual harm men who are sexually aggressive to women are not generally violent to all (Anderson & Bushman, 2002). Men who seriously harm children, whether biological or non-biological parents, may therefore hold different beliefs regarding children compared with other nonoffending parents or violent offenders.

Affect and arousal are key influencers in aggression and the interactional nature of both cognition and arousal are potentially important to the child harm group. The affect component within the internal factors interact with both cognitive beliefs and arousal state alongside mood and emotion influencing aggressive outcomes. This supports reactive and agitated responses that is indicative of hostile aggression and is in contrast with motivations for instrumental aggression

(Bushman & Anderson, 2001). This affect state can account for an 'automatic response that occurs in conjunction with specific emotions, largely in the face' (Anderson and Bushman, 2002, p.39). The term arousal describes any stimuli unrelated to the act of aggression, such as exercise, stress or alcohol (Anderson & Bushman, 2001). The difference between violent offenders compared with adults who seriously harm children is that these affect and arousal conditions can result in a fight with a potential equal (e.g. another adult) which is distinct from violence directed against a child. Farrington (1986) suggests that stress could significantly influence arousal in child harmers. Ferguson & Dyck (2012) argue that hostile aggression is better explained by stress-related theories, which include biological and personality influences in conjunction with environmental factors. The parity is evident in child harm literature that cites stress (Farrington, 1986), physiological reactions to child behaviors (McCanne & Milner, 1991) and key personality factors, such as self-esteem (Milner, 1994) and empathy (Asla, de Paul, Perez-Albeniz, 2011) as relevant factors in this offense type.

Self-esteem is considered a relevant personality characteristic in the GAM as opposed to other characteristics that are neglected (e.g. attachment style) and there are mixed views of the relationship between self-esteem and violence. Some researchers believe that low self-esteem is associated with violent behavior (Donnellan, Trzesniewski, Robins, Moffitt & Caspi, 2005; Leary & Baumeister; Ostrowsky, 2010, Salmivalli, 2001; Walker & Bright, 2009). In contrast, others suggest that the more extreme levels of aggression could be associated with unstable/high self-esteem due to narcissistic personality disorder (Falkenbach, Howe & Falki, 2013; Jordan & Zeigler-Hill, 2013; Salmivalli, 1999). Stith et al (2009) identified a significant link between low self-esteem and child abuse, whilst Salmivalli (2001) found that those likely to demonstrate violence to others had high self-esteem. The mixed results on the role of self-esteem have been

identified in different offenses, Baumeister, Boden & Smart (1996) suggest that men tend to have higher self-esteem and are often more violent than women. Baumeister & Boden (1998) propose low self-esteem is most evident in men who harm their partners, where the victim is often an easy target because they are vulnerable and weak and is a shared characteristic with child harm. However, there is little published evidence of the shared risk factors between offenses, as most domestic partner and child harm studies, have not included standard self-esteem measures when examining violent offenders (Appel & Holden, 1998). Some researchers propose that high self-esteem is not directly related to aggression but instead modified by the level of ego threat (Bushman & Baumeister, 1998; Stucke & Sporer, 2002) in order to protect a favorable view of themselves when under threat (Baumeister & Boden, 1998). For example, a child's crying might make the offender feel inadequate. To date, child harm literature has concluded that offender low self-esteem is associated with child maltreatment (Stith et al, 2009), however whether this applies to the serious harm group is unknown and deserves attention.

## Neglected person characteristics in the GAM: Empathy and Attachment style

Although empathy may be relevant to child harm offenses, research evidence has not been provided on the role of empathy in child harm offenses and it is likely a key skill that could moderate motivation to harm a child. In aggression research, a meta-analysis on empathy and offending identified a strong relationship between low empathy and violent offending behavior (Jolliffe & Farrington, 2004). In child harm research, parents at high risk of committing harm have shown a significant deficit in their ability to recognize emotion, with fathers making the most errors (Asla, de Paul et al, 2011; Wagner et al, 2014). Thus, as fathers are the most frequent offenders in child harm cases, empathy levels may have an important role in this offense. Findings on empathy may be useful to design treatment programs that are specific for these

offenders (Asla et al, 2011) and there is general support for this proposal (Asla et al, 2011; Milner, Halsey, Feltz; Rodriquez, 2013; Wagner et al, 2014;). However, caution is needed as little is known regarding the empathetic process of fathers and Rodriquez and Richardson (2007) suggest that the skill of a parent to take an empathetic perspective requires further investigation.

The GAM and Milner's social information processing theory (SIP) do not comprehensively account for the role of empathy but it is a potentially important characteristic that is attracting greater attention from researchers (Asla et al, 2010; Wagner et al, 2014; Rodriquez, 2013) and may help to understand aggressive behavior (Marshall & Marshall, 2011). Empathy employs cognitive (intellectual) and affective (emotional) processes (Davis, 1983) and should be considered in future models. It is best understood as a process and a well-regarded model is provided by Marshall & Marshall (2011) who suggest empathy has four stages: (1) emotional recognition (accurate recognition of the emotion), (2) the ability to understand the perspective of another (which can be affected by offense-distorted cognitions), (3) the emotional response (influenced by distorted cognitions stage 2), and (4) action to help the other person with their distress (not progressed to if stage 2 is interfered with). Although this model has been successfully applied to the area of sexual abuse, it has not been used in analysis of severe physical harm perpetrators.

Cognitive approaches to rehabilitation of offenders are popular (Travers, Mann, & Hollin, 2014) but recent arguments highlight the neglect of attachment style in these programs (Ansbro, 2008). Although well-regarded child harm models also prefer a cognitive focus (Farc et al, 2008; Francis & Wolfe, 2008; Milner, 1993), the cognitive approach has been questioned as treatments offer inconsistent results and wider consideration of offenders' crimogenic needs may enhance treatment outcomes (Harper and Chitty, 2004). It is suggested the highly aggressive scripts are

resistant to treatment (Eron, 1994) because offenders who hold highly distrustful attitudes to others (typical of an insecure attachment style) have difficulty working with staff (Ansbro, 2008). Ansbro (2008) argues that alongside cognitive therapy, treatment for the offender's insecure attachment style should be a legitimate rehabilitative option. The importance of attachment theory and its relationship to offending was identified in the 1940s by Bowlby who found that an insecure attachment style can lead to 'affectionless psychopathy – a condition characterized by a lack of concern for others, and an inability to form relationships' (cited in Ansbro, 2008, p234). For the child harm group, evidence suggests that the experience of stress, a significant factor in their offending, is elevated in those with an insecure attachment style (Jones, Cassidy, & Shaver, 2015) whereas a secure attachment style can mediate levels of cortisone produced in stressful situations, reducing the experience of stress (Kidd, Hamer, & Steptoe, 2011). Therefore, given that stress is a contributory factor and child harm occurs in a family setting involving close relationships, it is important to consider the role of attachment style in offenders who seriously harm children.

Insecure attachment style has been found to be positively linked to a number of different offending behaviors (Olgivie, Newman, Todd & Peck, 2014; Ward, Hudson & Marshall, 1996). A helpful model to understand this characteristic is Bartholomew's (1993) four category model, which is well regarded and defines different attachment styles. It is a two-dimensional model (anxiety and avoidance) and outlines four attachment styles. Secure attachment accounts for sixty percent of the population, in which the person generally has a positive view of themselves and others, and so are comfortable with intimacy, have high self-esteem and generally experience warm and fulfilling relationships. Insecure attachment styles are divided into three types, dependent on their levels of anxiety or avoidance. Individuals who are 'fearful avoidant'

usually view themselves as unlovable, rejected by others, experience significant levels of interpersonal anxiety and seek to establish distance in relationships. Those who are 'preoccupied' (anxious ambivalent) have a negative view of themselves, a positive view of others, experience a strong need for approval from others and are overly dependent in relationships. The final insecure style (typical of violent offenders) includes those who are 'dismissive avoidant', who hold a positive view of themselves, a negative view of others, frequently seek to avoid close relationships, place no value on acceptance by others and prefer independence.

The categories of attachment style in Bartholomew's model are still used to guide attachment research, despite some preference to see attachment as continuous, (Fraley, Hudson, Heffernan, & Segal, 2015) and are frequently used to examine offending patterns (Ogilvie et al, 2014) providing a useful structure (Ross & Pfafflin, 2007). To date, different offenders have been shown to possess different insecure styles, such as, domestically violent men are often fearful and preoccupied (Dutton, Saunders & Starzomski, 1994), sexual offenders are more fearful in attachment style but are not preoccupied or dismissing in style (Lyn & Burton, 2004) and violent offenders are dismissive in style (Ward, Hudson & Marshall, 1996). In a metaanalysis of existing attachment research, (Olgilvie et al, 2014) used Bartholomew & Horowitz's (1991) four category model and found evidence that high levels of insecure attachment styles are relevant to criminal offending and identified patterns useful to understand and manage different offending behaviors. They found a strong association between attachment styles and offending (as attachment security decreases, the severity and level of violence increases) and recommended further investigation. This is particularly relevant to men who cause severe physical harm to children as very few studies have considered or included the severity of harm.

The concept of hostile (reactive) or instrumental (premeditated) aggression is also associated with different attachment styles. For example, Tweed & Dutton (1998) found reactive domestic violent men differed significantly to premeditated violent men and a normal group comparison. The reactive men were more frequently in the fearful and preoccupied styles but did not demonstrate the dismissing style often associated with violent offending (Dutton, Saunders & Starzomski, 1994). This may reflect different goals of the aggressive behavior and may be a unique point of difference in men who seriously harm children, which also occurs in a domestic setting. Wood & Riggs (2008) examined attachment, cognitive distortions and empathy deficits in a group of child sex offenders and found these characteristics to be significant predictors of variance in their sex offender status. The most influential style was anxious not avoidant. The authors suggest that further research comparing different groups of offenders is needed as "These attachment patterns characterized by intense desires to engage others may be related to different types of crime than attachment patterns that involve dismissing the importance of others". (p269)

Similar to the role of empathy, Ogilvie et al (2014) argue that a secure attachment style is a mediator to protect against recidivism because it affects the offender's ability to 'understand their own and other's mental states' (p339). The inclusion by Woods & Riggs (2008) of cognitive distortion, attachment styles and empathy to analyze sex offenders is a reflection of the academic progress made in explaining the characteristics of offenders who sexually harm children. Characteristics identified for this group include cognitive distortions, empathy, attachment, self-esteem and social processing biases. This knowledge has enabled the development of more effective treatment models and risk assessment strategies. However, these characteristics have often only been studied in isolation (Wood & Riggs, 2009; Gannon & Blake,

2008). There is congruence between the child harm and violence literature regarding the role of hostile thoughts, parenting and stress levels. Further research is required to understand the role of empathy and attachment and assessing all characteristics simultaneously would make a more powerful analysis.

# The contribution of domestic partner violence and shared risk factors

The congruence between findings in research on aggression and child physical harm literature is not shared with domestic partner research, despite the proposition there may be shared risk factors between domestic partner abuse and child harm (Slep o'Leary, 2001). The paucity of knowledge regarding fathers who harm their children is also highlighted in domestic partner violence literature (Belsky, 1993; Slep & O'Leary, 2001) and given the co-occurrence rate of risk factors is estimated at forty percent, the scarcity of research on child harmers limits differentiation as to what is unique between offenders (Slep & O'Leary, 2001). Different research approaches have not assisted comparisons of partner violence and child violence. It has been argued that research on domestic abuse has focused on the aggression of men and women, whereas research on child harm has focused on poor parenting, mainly of mothers, and so limits any integrated explanations of family violence (Slep & O'Leary, 2001). To examine the aggression of child harmers instead of their poor parenting, would provide a consistency in approach to mirror domestic partner harm research, especially since researchers in domestic harm do not use the hypothesis it is 'poor relationships gone wrong'. This is reflected in the progress of risk-managing domestically violent men such as offense-specific rehabilitation programs.

Not all serious physical abuse of children is associated with domestic abuse (Gilbert et al, 2009). There are similarities between men who commit domestic abuse and seriously harm

children, such as, targeting vulnerable victims and controlling behavior. However, understanding is limited by a lack of empirical research on men who offend against children. An examination of men who harm children would most benefit an understanding of their risk factors, by excluding those who harm their partners as well as children. Appel & Holden (2010) compared fathers who engage in intimate partner violence with non-offending community fathers and found no significant difference in ordinary parenting, abuse-related parenting and behavior problems. They concluded that most men who engage in partner violence do *not* engage in child physical abuse, as one father in the study said:

"I want to make one thing clear. I have abused my wife, but I've never laid a hand on my kids. I'm no child abuser!" (Fox, Sayers & Bruce, 2001 in Holden et al, 2010, p195)

# Possible limitations of GAM and SIP to explain child harm

The GAM provides comprehensive guidance but it is a general model of explanation and is not designed to explain specific target-focused aggression. Anderson & Bushman's (2002) GAM is a well-supported general model for violence, but the difficulty with applying such a broad model, untailored to any specific offending group, is the demands placed on it when accounting for a disparity of offenses. Child harm research and aggression research support the contribution of different factors (Belsky, 1993; Milner, 1994; Cicchetti, Toth, & Maughan, 2000) and so a specific model may be needed to explain men who seriously harm children to eliminate the difficulties associated with using a broad theory to explain offense-specific offending. This is because personality factors particular to an offending group are not always accounted for (e.g. empathy or attachment). Ferguson & Dyck (2012) also suggest there is more evidence in favor of stress (e.g. stress response and coping) as a key factor in aggression, and this is supported by some of the child harm literature (Farrington, 1986). Child harm has features more closely

associated with bullying behaviors whereas the GAM overriding assumption is suited more to explaining hostile rather than premeditated aggression. The offense pattern with severe child physical abuse requires a model of explanation that can comprehensively account for differing types of aggression, which presents as bullying in nature. As Ferguson & Dyck (2012) argue, the GAM fails to 'note the instrumental motives of bullying behaviors' (p.225). However, alternative researchers suggest that reactive aggression is associated with 'physical abuse, peer rejection, victimization, internalizing problems and dating violence' (Tuvblad et al, 2009, p.2) and instrumental aggression is associated with 'psychopathic like traits, leadership qualities, sense of humor and later delinquent behavior' (Tuvblad et al, 2009) p.2) and so any model proposed for this group should consider different motivations for aggression.

In contrast to the GAM, Milner's (1993) SIP was developed to provide an improved understanding of a parent's cognitive processes and therefore is more offense specific. A primary drawback of Milner's model, however, is the absence of key personality characteristics, which are considered active contributors in general aggression. The challenge in using the SIP model is its account for a broad spectrum of child physical harm, such as overly-harsh parenting (low harm) to murder (severe harm). The model is not offense-specific, since being a poor parent is not a criminal offense and does not result in the murder of a child therefore factors relevant to raising the potential for risk at the lower end of harm may be entirely different to factors which raise the risk for more severe harm. Grouping all parents under one theoretical model also increases the likelihood of missing factors relevant to the most dangerous parents who need to be identified early by professionals to engage child protective processes. However, a benefit of the model is that it has identified child-specific cognitions and it recognizes the interaction between factors, such as, child behavior, social factors and empathy. So, it may be a useful framework to

guide the development of empirical testing of which personality factors influence the serious physical harm of children, e.g. self-esteem and attachment styles.

# Child harm and aggression literature: How it guides this study

The existing child physical abuse models propose the inclusion of both etiological and psychological factors for consideration in the research presented in this thesis. An examination of men that seriously harm just children may determine whether they possess differences and similarities unique from the child maltreatment group as a whole and from the lesser harm groups. The description and categorization of this group may assist in enhancing theoretical explanations and support frontline practitioners managing risk to children (Azar, 1986, 2002; Belsky, 1993; Milner & Dopke, 1997; Samerhoff & Chandler, 1975; Tzeng et al, 1991).

Milner's (1993) Social Processing model is specific to parents who harm but proffers the assumption this offending is poor parenting gone wrong and this may not be the case with these men. Examination of the serious child harm offenders compared to men who are violent only to adults could inform whether this is an appropriate assumption or whether the child harm group's motives, cognitive distortions and personality factors share more similarity to other violent offenders and are therefore unique from lesser harm groups.

In the absence of studies on men who seriously harm children within the child maltreatment literature, examinations of parents who have committed lower harm towards their children offer potential characteristics that may be important to consider when examining a parent who seriously harms their child. The overview of literature suggests these may include: impulsivity, reactivity, poorly-controlled aggression, anger, annoyance (Kemp et al, 1962; Rodriguez et al, 2014; Milner & Dopke, 1997; Friederick & Wheeler, 1982), experience of stress and coping skills (Burgess, 1974; Tzeng et al, 1991; Farrington, 1986; Gelles & Straus, 1979;

Milner, 1993), depression/unhappiness (Frodi & Lamb, 1980), knowledge of children (Twentyman, 1984; Newberger & Cook, 1983; Milner, 1993), perceptions and attitudes to children (Rodriguez et al, 2014), self-esteem (Frederick & Wheeler, 1982), empathy (Friederick & Wheeler, 1982; Rodriquez et al, 2014), effective use of parenting strategies (Walter, 1975; Tzeng et al, 1991; Aber & Zigler, 1981), and attachment style (Rodriquez & Richardson, 2007) and will be considered in this examination of serious harm parents.

The GAM has also offered some important factors to consider in this examination of men who are violent towards children. In particular, the influence of internal beliefs and states, specifically, the goal of the offender and associated motivations (Anderson & Bushman, 2002), beliefs and attitudes connected to the offense and regarding violence (Anderson & Bushman, 2002; Ferguson & Dyke, 2012), child-specific beliefs and biological or non-biological parenting (Anderson, 1996; Ward & Keenan, 1999), mood and emotional influences (Anderson & Bushman, 2012), stress levels (Ferguson & Dyke, 2012), self-esteem (Ostrowsky, 2010; Baumeister & Boden, 1998), empathy (Asla de Paul et al, 2011; Wagner et al, 2014), and attachment style (Ward, Hudson & Marshall, 1996; Ogilvie et al, 2014). There is also support for the predictive power of factors such as cognitive distortions, empathy and attachment to determine the risk of offending (Woods & Riggs, 2008) and the interdependent nature of characteristics such as empathy, cognitive distortions and social processing encourages simultaneous examination (Gannon et al., 2008). The progress in understanding offenses where children are targeted in sexual harm has evidenced that characteristics of the offender, such as attachment, self-esteem, shame/guilt and empathy, are mutually influential, and their relationship with cognitive distortions may offer some predictive value with child harm offenders (Marshall & Marshall, 2011).

# The current study

Both Milner's (1993) social information processing model, and Anderson and Bushman's (2002) GAM, offer potential frameworks to examine the severe child physical abuse group.

Thus, they were used as guides to establish what key beliefs and characteristics may be important to examine in this exploratory study of male carers who cause serious harm. Specifically, the research reported in this thesis is devised into two studies. Study one, examined the content of interviews with child harmers to identify key themes that emerged from their beliefs. The study made no prediction of expected beliefs to allow the data to demonstrate frequent or dominant beliefs in key areas. The topic areas included: parenting knowledge, perceptions of children and their child, experiences in close relationships, knowledge of parenting strategies, perceptions of violence and thoughts leading up to and around their index offenses.

In study 2 the person characteristics were measured quantitatively and examined: attachment style, empathy, emotional control, self-esteem, coping strategies to deal with stress and anger provocation. As this study was exploratory, the researcher did not make any specific predictions but instead identified a series of research questions to address, these include: Do child harmers differ from adult harmers in their empathy with children and more specifically with their victim?; Do child harmers and adult harmers differ in their attachment style, approach to parenting (i.e. do they morally disengage when dealing with children), emotional control and self-esteem?; Do child harmers and adult harmers differ in their cognitive, arousal, behavioral responses to anger or the ability to regulate feelings of anger?; The fourth was, do child harmers and adult harmers differ in their responses to provocation?; The fifth research question was, do child harmers differ from adult harmers in their coping responses to stressful events?.

Men who severely physically harm children were compared with those who are only violent to adults to look for differences between the groups and identify what may be unique about the serious child harm group. Similarities between the groups also provide evidence for the hypothesis that these are primarily violent offenders, as opposed to simply men with inadequate parenting capabilities. The findings of this research are useful in identifying whether existing models are sufficient, need adapting, or a new offense-specific model should be devised to explain the behavior of men who severely physically harm children.

## Chapter 3

#### Method

The aim of the research included in this thesis is to identify the characteristics of men who cause serious physical harm to children. Prison populations were used to identify suitable participants because gathering data from convicted men meant an objective third party had independently concluded, beyond reasonable doubt, the level of harm, type of harm, victim target and type of maltreatment. Therefore, this method addressed previously highlighted definitional difficulties (Milner & Crouch, 2017, Cicchetti & Barnett, 1991).

# Design

The study employed a between subjects design, using qualitative and quantitative methods. Two groups of participants were compared; one had used serious violence only against adults (adult harmers) and the other group had used serious violence only against children (child harmers). All participants were selected through opportunistic sampling from participating prisons in the United Kingdom.

# **Participants**

The study included participants from the following prison categories in the United Kingdom: A (High Security closed prison), B (closed prison), C (closed prison) and D (open prison). Participants included 46 adult harmers and 20 child harmers. The child harmers represented 8% of incarcerated child offenders (National Offender Management system, 2013). To identify potential participants, participating prisons provided access to offender data that included court documentation relating to index offenses, perpetrator histories of domestic partner abuse, identified risks to children, victim profiles, psychological and psychiatric reports from

prison or court professionals, and attendance on rehabilitation programs. The index offense for both groups included causing actual bodily harm (ABH), grievous bodily harm (GBH), manslaughter, murder and any attempt of the above. See table 1 for details of index offense and prison category.

Table 1:

Index Offense and Category of Prison Where Held

	Index Offense	Category of Prison
	(N of participants)	(N of participants)
Adult Harmers	Murder/attempt or GBH ( $N = 33$ ) Violent Robbery or shootings ( $N = 13$ )	B (N = 46)
Child Harmers	Murder (N = 15)  GBH/Intent (N = 4)  ABH (N = 1)	B (N = 2)
		A $(N = 14)$
		C(N=3)
		D(N=1)

The following criteria were required for study eligibility: (1) No violence convictions against women to eliminate domestic perpetrators of abuse and crossover of risk factors, (2) over the age of 18 years at the time of committing the offense, (3) no formal diagnoses of mental disorder at the time of offending, (4) no sexually motivated offense history. These were excluded to prevent the influence of extraneous factors on the offense. These additional inclusion criteria

were applied in the child group: (1) victim was under the age of 5 years, (2) perpetrator was in a caring position of responsibility (e.g. lived with victim's mother, babysitter, step father, biological father), (3) participant was convicted of ABH, GBH, Murder or any attempt of the above. Victims' injuries had to be those commonly associated with 'battered child syndrome' such as: unexplained new and historical, fractures, subdural haematoma, unusual bruising, ruptured spleen, and failure to thrive (Kemp et al, 1962).

Additional inclusion criteria for the adult group included: (1) a minimum of two or more previous violence convictions, (2) the victim was an adult male. See table 2 for demographic data.

Child victim details were identified from prison offense records to ensure that victims met the research criteria (e.g. victims were under five years of age at the time of the offense). See Table 3.

Table 2

Participant Demographics and Situational Characteristics at Time of their Offense

		Child Harmers N=20	Adult Harmers N=46
Mean age at time of offense (SD)		38.30 (26.97)	33.83 (19.99)
Ethnicity	White	70%	50%
	BAME	30%	50%
Mental health	None diagnosed	30%	65%
	Self-Reported	70%	35%
	Depression/anxiety		
Illegal drug use	Yes	46%	52%
Alcohol use	None	50%	39%
	Some/moderately	35%	26%
	Excessively	15%	35%
Social support	Little	17%	18%
available at time of offense	Some	55%	43%
	A great deal	28%	39%

Table 3

Child Victim Demographics and Offense Outcome

	Biological Father	Non-Biological Carer
	N=10	N=10
Child Age		
Under 6 months	20% (4)	5% (1)
6–18 months	25% (5)	25% (5)
18 months—4 years	5% (1)	20% (4)
Gender of child		
Male	45% (9)	20% (4)
Female	5% (1)	30% (6)
Offense outcome		
Death of victim	25% (5)	50% (10)
GBH injuries	20% (4)	
ABH injuries	5% (1)	

#### Measures

The interview consisted of two components: qualitative data (Study 1) and quantitative data (study 2). The qualitative measure included questions on beliefs regarding childhood experiences, parenting knowledge and parenting strategies, index offence and associated offences. The quantitative measures included: demographics (e.g. socio economic status, drug/alcohol use, age, ethnicity, social support and mental health) (see appendix C). Person characteristic measures included: experiences in close relationships, self-esteem, anger and provocation indicators, empathy to children, moral disengagement of parenting, emotional control, responses to coping with stress and social desirability response.

# **Qualitative Interview**

Since so little research has been conducted on those who seriously harm children, qualitative interviews were conducted to explore the rationale offenders offer to explain their offenses. Participants were asked to respond to a series of open-ended questions on four main themes: their own childhood experiences, parenting, their conviction offense, associated offenses and general violence. Below is a summary of the questions/themes and the reason for their inclusion (see appendix L for interview questions).

# Childhood experiences

Questions examining childhood experiences focused on participants' experiences in early relationships (learnt attachment style), socio economic conditions, harmful or abusive experiences, experience of being parented, general behavior and responses to distressing events, diagnosed physical or mental ill health, and the effect they believed their childhood has had on them. Questions relating to relationships with others were informed by the Adult Attachment

Interview (George, Kaplan & Main, 1996) and included items such as, "describe your relationship with your parents as a young child, starting as far back as you can remember". Participants were encouraged to provide examples of any adjectives they would use to describe significant relationships. For example, if they described their parent as 'loving' they would be asked to give examples of what behaviors they considered were 'loving'. This provided clarity concerning the participant's perception of the word loving and whether this was an accurate description.

# Parenting knowledge and parenting strategies

This theme of questions examined an existing assumption in the child harm literature that serious child physical harm is 'poor parenting, gone wrong' (Rodriquez, 2013, 2016). The interview was flexible and adaptable to differing topics, allowing exploration of the participants' experiences. Questions examining parenting knowledge and strategies for managing children focused on the participants' views of children's behavior, what is good and bad parenting, the role of a parent, the difference between biological and non-biological parenting and parental strategies which they thought appropriate for correcting children. Examples of questions include: "What do you think the role of a parent is?" "Who do you think should be a parent, does it make any difference if a child is biologically yours or not?" "Can you describe what makes a good or effective parent?" "What kind of behavior in children, particularly young children, say under 5 years old, would you consider needed discipline/correction?" "What types of discipline/correction could you use if you needed to correct your child's behavior?"

#### Index offense and associated offenses

This theme examined the participants' perception of the reasons for their conviction and imprisonment and asked them to describe what happened leading up to and including their offense. Questions asked of child harmers included: thoughts and feelings regarding the pregnancy, birth and early involvement with childcare, feelings and involvement with the child, contact with health care professionals, relationship with the mother (their partner), their perception of their relationship with the child victim, their thoughts on the child's views of them (the offender), their experience of stress, drug and alcohol use leading up to and at the time of offending, their physical wellbeing and general thoughts on children. Each incident of harm to their child victim was fully explored, even if it occurred prior to the index offense. Specifically, their feelings/emotions and thoughts concerning how they and the child (their perception) were thinking and feeling during the offending and factors that, in their view, escalated the harm occurring. This included their post-offense responses with medical professionals, partner/family, social services, and family and police interviews. If they demonstrated dishonesty post offense, the discussion was directed towards potential action that child protection staff could have taken to prevent further harm or engender honest responses.

For the adult harmers, questions were similar but focused on the adult victim and explored the index offense from the earliest trigger that escalated the harm occurring (e.g. hours, days or weeks previously). Questions included: the historical relationship with victim, drug/alcohol use prior to or during the offense, their thoughts feelings and emotions prior to and during the harm occurring, and their perception of the victim's experience. The interview ensured that the thoughts/feelings and emotions of the participants (child harmers and adult harmers) and their perspective of the victim's experience were explored.

## **Quantitative measures**

The interview schedule to assess key personality characteristics included quantitative measures. These were:

# The experiences in close relationship-revised (Fraley, Waller & Brennan, 2000).

This measure was used to examine attachment style. It is designed to differentiate between those who are secure or insecure in their attachments and offers an ability to discern between avoidant and anxious attachment styles, which have been associated with different offender types (Ogilvie et al, 2014). These included 18 anxiety and 18 avoidance items respectively. Statements included, for example, "I often worry that my partner will not want to stay with me" and "I feel comfortable sharing my private thoughts and feelings with my partner". Responses were measured using a Likert scale where 1 = strongly disagree and 7 = strongly agree. (see appendix D)

# The culture free self-esteem inventory (Battle, 1981)

Previous research has produced mixed results on the role of self-esteem in aggression and its potential influence on different types of violence (Ostrowsky, 2010). Therefore, this measure was used to assess participants' self-esteem. Statements included, for example, "You only have a few friends" and "You feel you are as important as most people". Responses were measured using a Likert scale where 1 = not true of me and 7 = very true of me. (See appendix E)

# The NOVACO anger and provocation inventory (Novaco, 1988, 1994, 2000, 2003)

This measure was used to assess participants' levels of anger and provocation. The anger scales measure cognitive, physiological and behavioral anger indicators and efforts at self-

control. This was included to establish if anger and provocation experiences of child harmers differed from those of adult harmers. Anger measure statements included, for example, "when something is done wrong to me, I am going to get angry" and "when I think about something that makes me angry, I get even more angry". Responses were measured on a Likert scale where 1 = never true and 5 = always true. Provocation statements included, for example, "You see someone bully another person who is smaller and less powerful" and "just after waking up in the morning, someone starts giving you a hard time". Responses were measured using a Likert scale where 1 = not at all angry and 5 = very angry. (see appendix F)

# Adapatation of Fernandez, Marshall, Lightbody and Sullivan's child specific empathy measure (1999)

This adapted measure uses vignettes to assess sexual offenders' empathy with children. This examines empathy as a process (Marshall, 2011) measuring perspective taking and response. Three vignettes were created for this research: (1) description of a child who had been the victim of a car accident, (2) description of a child who had been physically harmed by a male carer, (3) the participants own victim experience. Participants were asked for each vignette to rate (in section A) what emotions, thoughts and responses the child may be experiencing. This was to assess the participant's ability to take the perspective of the child. In section B, participants rated their own feelings about what the child had experienced. Responses were measured on a Likert scale where 1 = not at all and 5 = very much. Statements for rating included propositions that the child would feel, for example, "fearful of being hurt" and "successful at school".

The list of emotions, thoughts and feelings in section A, adapted for the study were: Q11 "repulsed by sex" changed to "more distressed by physical discipline"; Q12 "well-adjusted

attitude to sex"; changed to "well-adjusted attitude to physical discipline"; Q28 "feels sinful" changed to "feels mistrustful of others"; Q29 "feels dirty" changed to "feels shy around others" and Q30 "ashamed" changed to "feels depressed". In section B, only question 4 was adapted from "sexual" to "empowered". Adaptations were created using guidance from the NSPCC website to identify observable signs of physical harm (NSPCC, 2012). A pilot study conducted with the first 10 adult harmer participants at a category B prison (mean age, 33 years) revealed that the third vignette part B should be altered to ask the participants about their *victim* instead of their *child*, as this enabled adult harmers' responses to be accurately collected (See appendix G).

# Moral disengagement of parenting measure

The mechanisms of Moral Disengagement scale (Bandura, Barbaranelli, Caprara, & Pastorelli,1996) was used to construct a moral disengagement of parenting measure. This assessed differences in parenting attitudes towards physical discipline between groups. The measure contained eight subscales and included: Moral justification, euphemistic language, advantageous comparison, diffusion of responsibility, displacement of responsibility, distorting consequences, dehumanising and attribution of blame. There were a series of statements asking participants to agree or disagree with a parental approach to the physical discipline of children. Existing research on the cognitive distortions of parents who physically harm their children were used to guide adaptations (Milner, 1993). For example: Q1 "it is alright to fight to protect your mates" was altered to "it is alright to physically punish a child who is disrupting home life" and Q2 "pushing and shoving someone is just a way of joking" was altered to "physically punishing a child is just a way of letting them know who is in charge". Responses to statements were measured using a Likert scale where 1 = totally disagree and 5 = totally agree (see appendix H).

## Emotional control questionnaire (Roger & Najarian, 1989)

This questionnaire was used to assess emotional control. This is a 56 item measure comprising four subscales: Rehearsal, Emotional Inhibition, Aggression control, and Benign Control. Previous testing on the internal consistent reliability evidences good scores, notably: Rehearsal: 0.86; Emotional Inhibition: 0.77; Benign Control: 0.79; Aggression Control: 0.81 (Roger &Najarian, 1989). Questions included, for example, "when someone upsets me I try to hide my feelings" and "people find it difficult to tell whether I'm excited about something or not". Responses to statements were adapted to a Likert scale where 1 = not at all like me and 5 = very much like me (see appendix I).

## The COPE scale (Carver, Scheier & Weintraub, 1989)

The COPE scale was used to assess participants' preferred coping styles to stress, a key risk factor in child physical harm (Francis & Wolfe, 2008). This scale has proved valid and reliable in health-related studies (Carver, 1997). It contains broad groupings of effective and ineffective coping responses to stress. It includes subscales such as: positive reinterpretation and growth; mental disengagement; focus on venting of emotions; use of instrumental support; active coping; denial; religious coping; humour; behavioral disengagement; restraint; use of emotional support; substance use; acceptance; suppression of competing activities and planning. Statements included, for example, "I take additional action to try to get rid of the problem" and "I pretend that it hasn't really happened" and responses were scored on a Likert scale where I = I usually don't do this at all and 4 = I usually do this a lot (see appendix J).

# Balanced inventory of desirable responding (BIDR -Paulhus, 1998)

This measure was used to assess socially desirable responding. The measure contains two subscales; self-deception and impression management. However, because of the high number of responses required from participants, this measure was reduced to assess only the impression management subscale. This measurement was considered of particular relevance to assess as men who physically harm children have often given the impression of being a caring parent during interaction with child protection professionals (Local safeguarding children's board, Haringey, 2009). This makes it difficult for medical staff to differentiate them from other normally anxious parents. Statements included, for example, "I never swear" and "when I hear people talking privately, I avoid listening" and responses were scored on a Likert scale where 1 = Not true of me and 5 = very true of me (see appendix K).

## **Procedure**

Ethical permission was granted by the University of Kent and the National Offender Management Service (NOMS). NOMS reviewed the database of incarcerated prisoners and using the previously mentioned inclusion criteria identified 47,000 adult harmers and 250 child harmers. Further participant data were obtained directly from individual prisons. Access to prisons with category A, B, C and D status was granted by the NOMS ethics committee (see below). However, the access to prisons with category A status required additional security steps, which was applied for during the study to enable the inclusion of a greater number of child harm participants.

A significant level of work was required to engage individual prisons and secure permissions to access participants at a local level. In total, 21 prison governors were individually

contacted, often a number of times, (in writing, by phone calls and meetings) for permission to access their individual prison and approach suitable participants. Each participating prison was provided with a summary of the study and supporting documentation from the Home Office Working Group into reducing Child Death. Months of discussion resulted in securing access to six prisons for participant recruitment. The remaining prisons were unwilling to participate due to staff shortages and/or sensitivities/security regarding the nature of the participants offense. Once permission was granted by the governor, access to reports held by each prison, including court documents and reports compiled by clinical psychologists, rehabilitation staff and Offender Management Units were provided. Recent information concerning the participants' attendance on rehabilitation programs, general behavior and willingness to engage honestly with staff was also provided. Using the study criteria, clinical prison staff and the researcher examined existing records to identify suitable participants, and provided these data and participant reports.

Suitable participants were approached by prison staff in the first instance (as specified in ethical permissions). Participants were provided with an information sheet (see appendix A) that invited them to take part in the study. Due to the sensitive nature of the child harmers offense, participants would often be reluctant to initially engage with the study. This was primarily due to anxiety around repercussions, should their offending become wider knowledge on the wing of the prison. Subsequently, a joint personal visit was completed by the researcher and prison staff member and allowed the potential participant to address any concerns. In many cases the child harmers required an extensive number of meetings prior to beginning the study. This enabled the researcher to develop a level of trust with the participant building some relationship to enable an open and honest interview to be conducted. This rapport and relationship building was a necessary and lengthy part of the data gathering process, so that child harmers had the

confidence to talk about their offending. The rapport building was successful to the extent it recruited 20 child harmers to the study, however, more than 50 potential participants were actually approached and the recruitment/data gathering process took two years to complete. In contrast, the adult harm group were more willing to engage with the study than the child harm group and required less time relationship building. These challenges with participant engagement are reflected in the contrasting sample group sizes (47 adult harmers vs 20 child harmers).

A concern regarding anonymity was a key reason for the reluctance of child harmers to participate in the study. Child harmers are often detained in general population wings, where their offense type is unknown to others. They were often fearful of being identified by other prisoners as a child harmer. The extent of their anonymity meant that other prisoners, members of enrolled rehabilitation programs and even many staff members were unaware of the nature of their offense. The additional discussions needed with the child harmers involved significant reassurance regarding confidentiality of the meeting, while highlighting the potential disadvantages and advantages of the study. These discussions occurred in a private room on the prison wing with the researcher in a one on one setting where a staff member remained nearby but out of earshot. The researcher explained to potential participants that they were not a member of prison staff and thus had no involvement or influence on their prison conditions or sentence management. Anonymity was addressed by allocating each participant a number to be used on the document containing confidential data. The consent form that held the name of the participant and their allocated number was separated from all questionnaire responses and securely locked in a filing cabinet in the researcher's office, no digital copy was made.

Where consent was provided by participants, the prison booking system was used to arrange a mutually convenient time to meet in either the programs suite or a private room on the

wing. There was no one else present in the room at the time of the interview encouraging the participant to speak freely and honestly.

Each participant interview lasted 2–3 hours with a short break in the middle or when requested by the participant. The meeting began with a verbal explanation to the participant reminding them of the researcher's independent status from the prison and the confidentiality of the discussion. Participants understood the only exceptions to this confidentiality were those imposed by NOMS. That is, if anything discussed breached prison security, identified further undetected offenses, qualified as a threat to harm themselves or others and breached a prison rule the researcher was obliged to disclose it to prison authorities. It was explained that should they wish to withdraw from the study at a later date, they could cite their individual number allocated on the documentation to the prison staff who could contact the researcher. The study was entirely voluntary. They were informed they could leave at any time and if they withdrew their consent at a later date, all their data would be destroyed. It was explained that the data would be securely managed and the digital recorder was encrypted. This recording device was permitted by the prison security department and prison governor in category B, C and D prisons, and used to record the first half of the interview in those prisons. The second half of the interview comprised written measures and was not recorded. In the category A prisons where the security department provided their own digitally encrypted recorder, the interview was transcribed and sanitised by the researcher to anonymised any content, before being checked by a member of staff when leaving the prison.

The written measures were completed by the participant. The researcher remained in the room and helped explain to the participant any aspects of the measure they did not understand.

There were only two participants that demonstrated literacy difficulties and needed assistance

from the researcher, such as explanation of any words that were not understood or reading out questions from the study documentation. Participants were provided with a verbal debrief and given a debrief sheet to take away with them (see appendix B). This contained the researcher's details should they have any further questions or wish to withdraw their consent. Where there were obvious vulnerabilities demonstrated by participants during or after the interview, with their consent, the relevant psychological support was identified and put in place by the prison staff and researcher. Only one adult group participant required this support and no child harmers took advantage of this when offered.

## **Ethical considerations**

The subject matter for this thesis holds significant sensitivities, so extensive consideration was given to the participants' wellbeing and protection of their data throughout the recruitment and interview of participants as well as during data analysis and reporting. There were approximately 30 child harmers who declined to take part in this research, feeling unable to discuss their situation, and this was respected. Two ethics review processes were completed prior to the research taking place via the Ethics board at the University of Kent and the NOMS' Research Committee. Some minor alterations to the original recruitment process and follow up were requested by NOMS, notably: for the relevant prison to first approach potential participants for consent and for any post interview questions, in the first instance, to be directed to prison staff and the prison would contact the researcher if necessary.

Given the difficult and sensitive nature of the participants' offenses, they were provided with a full debrief to inform them of available support and to assess impact of interviews on the participant. If it was evident that the interview had evoked difficult emotions and/or thoughts in the participant they were provided extra support. For example, those who had experienced abuse

as a child themselves were given information on the relevant support services and in some cases, with their consent, referred to prison services for active intervention. This, on occasion, included engaging with the prison mental health team and faith services.

# **Summary**

This chapter outlined the interview schedule employed to compare and explore the psychological characteristics of men who harm children with men who harm adults. It included a pilot study of 10 participants to assess the suitability of the adapted measure to assess empathy to children. It outlined the content of qualitative interviews (first half of the interview) and the quantitative measures used (second half of the interview) to explore these participants beliefs and person characteristics. The unusual sensitivities with this offending was addressed and discussed as ethical considerations were an important theme during this study. The challenge in obtaining the data from child harm offenders cannot be underestimated, the security processes, levels of correspondence with prisons and prisoners meant it took two years to gather the data from ethical approval to the final participant interview.

## Chapter 4

## Study 1: The beliefs of male carers who seriously physically harm children under five

The global phenomena of child harm are estimated to be as high as 226 in every 1000 children (Stoltenborgh, Bakermans-Kranenburg, Alink, & IJzendoorn, 2015) and is significantly underreported to authorities (Frederick, Goddard & Oxley, 2013). Nonetheless, levels of child harm are thought to be comparable to the levels of child molestation (Stoltenborgh et al, 2015), but research in the area is scarce. Studies have focused on mothers' rather than fathers' offending (Hildyard & Wolfe, 2002). This is despite most offenders being fathers or father figures (Sinal et al, 2000; Schnitzer & Ewigman, 2005; Guterman & Lee, 2005; Sidebotham, 2011). The lack of evidence means that there is a corresponding lack of knowledge on the motives or psychological characteristics of male offenders. Because research into male offending is so sparse, child safeguarding practices are under-informed and, possibly as a result, medical staff are failing to refer victims to child protection services when opportunities occur in medical settings (Letson et al, 2016). This can result in professionals failing to differentiate abusive parents, from anxious or dysfunctional parents, as outlined in the Baby Peter serious case review (Local Safeguarding Children Board, Haringey, 2009).

The problem is further exacerbated because most child harm predominantly involves very young victims who are unable to articulate their victimization. Consequently, Azar (2002) proposes that we need to identify what is unique about these specific offenders so that resources can be more effectively targeted. Our lack of knowledge into the characteristics of child harm offenders also impacts rehabilitation strategies as there are no specific treatment programs to address the criminogenic needs of this population. The result is that they are often placed on violent offender treatment programs, which may be inadequate. Offenders may also receive

shorter sentences and, according to the Home Office Working Group into reducing child death (personal communication, 16<sup>th</sup> Dec, 2014), following release after harming one child, they may move in with another mother and murder another child. Therefore, an examination of attitudes and beliefs of child harmers compared to adult harmers may help identify what is unique to child harmers. In this study, child victimization included: multiple fractures, subdural hematoma, ruptured spleen, burns & death. This suggests aggressive behavior rather than an escalation of physical discipline and parenting gone wrong may be the facilitating factor in this offending behavior. So, comparisons between child harm offenders and other violent offenders may be more appropriate for understanding the characteristics of child harm offenders.

## The Current Study

Given that so little is known about males who specifically and seriously harm children, we have taken a qualitative approach to explore differences in convicted child harmers (N=20) and men convicted of violence against an adult (N=47). Based on previous findings, we examined both groups' views on the importance of parenting knowledge, negative attributions regarding their victim, close relationship factors (e.g. trust), parenting strategies, personal situations/experiences at the time of the offense and perceptions of violence. We made no specific hypotheses because of the exploratory nature of this initial study. For a detailed method, see Chapter 3.

## **Results**

## Transcription and identifying themes

The lead researcher conducted and transcribed the interviews. All were read twice to identify patterns in responses. To provide an overview and facilitate comparisons between

offender groups, the transcribed data was reduced from 240,000 words to a 40,000-word matrix containing key responses from the first two reviews of the interviews and sufficient information to retain the meaning and context of responses. Where prominent themes were identified either by frequency or significance, transcripts were reviewed again and discussed with a second reviewer. This allowed questions on a particular topic to be grouped and examined together and enabled the identification of specific themes.

Responses to questions regarding relationships and parenting knowledge proffered prominent themes that contained similar and frequent responses. This enabled the themes to be identified through numerical frequency. The index offense and violence responses required a broader examination to capture all relevant data using traditional thematic analysis that followed guidance from Clarke & Braun's (2006, 2014). The search and review of themes that emerged from the interviews involved a first and second reviewer. These themes predominantly fell into categories concerning the participants beliefs about their victim, beliefs about themselves and beliefs about their offense.

## **Relationships with others**

## Trusting others.

The majority of both groups expressed distrust of others (See Table 4). For example, some stated, "You have to get to know people over time.... My dad said don't trust anyone" (adult, 16) or "Depends on whether you think the person had a heart....I'd rather keep my distance" (adult, 33) and "Depends on their background and what they are like... trust is earned" (child, 61) or "Some who are not, you can tell within 5 minutes of chatting to somebody" (child, 69). Of those who expressed trust, they stated, for example, "I trust everyone, that's a bad thing!"

(adult, 13) or "I am very spiritual, so I think people are quite good" (adult, 28) and "I think people are relatively trustworthy" (child, 50) or "Generally, I suppose people are quite trustworthy" (child, 54).

## Dependability

Less than half of child harmers were comfortable with being depended on. This contrasts with three quarters of adult harmers who were happy for others to depend on them (see Table 4). For example, participants told us, "I love it, I love to give once I have passed that emotional barrier there isn't anything I won't do for them" (adult, 7) or "I like people to depend on me, it's an excellent feeling" (adult, 10) and "I really like people depending on me, it's really important for me to be dependable and depended upon" (child, 50) or "I like to think people can and I feel comfortable" (child, 66). Those who were not happy with being depended upon stated, for example, "Every time I have let them down and don't think I have been very successful" (adult, 35) or "I don't want to be relied upon, I want to be a bit selfish and only really think about me" (adult, 40) and "It can be annoying if someone abuses it or relies on you too much" (child, 68) or "I hate that, I hate people depending on me because I am not very dependable........I hate letting people down me, that's my trouble I hate it, I like to please everybody" (Child, 61).

Just over a quarter of child harmers either liked, or did not mind, being dependent on others, but only a tenth of adult harmers shared this view. Participants stated, for example, "I feel good depending on them too, that's what family does" (adult, 17) or "Life is a bit of give and take and everyone is going to need help sometimes" (adult, 14) and "I probably have depended on others, I do ask for additional support with things if I don't understand" (child, 61) or "Close people I feel comfortable like family, friends and partner" (child, 69).

#### Emotional closeness to others

Fewer child harmers than adult harmers claimed to be comfortable with emotional closeness to others (see Table 4). Participants stated, for example, "Very comfortable, yeah" (adult, 36) or "No problem with that, I am a true believer in love" (adult, 28) and "I am happy with people being close to me" (child, 53) or "Only my best mate and people who are close to me like friends, family and partner" (child, 69). Over a third of child harmers reported worrying about being hurt by others which contrasts with only 14% of adult harmers who expressed similar concerns, "I have been hurt loads of times and do worry about getting close to someone and I push everyone away" (adult, 22) or "I do worry about getting hurt" (adult, 47) and "I worry a lot about getting hurt by those close to me" (child, 59) or "I worry a lot about being hurt" (child, 64) or "Generally not comfortable and worry all the time about being hurt by others" (child, 60) or "I have been hurt quite a few times and would worry about getting hurt" (child, 63).

Table 4

Relationships with Others

Type of Interaction	Adult Harmers (n = 46)	Child Harmers (n = 20)
I don't trust others	64% (29)	65% (13)
It takes time or is difficult to trust others	30% (14)	20% (4)
I find others trustworthy	6% (3)	15% (3)
I am happy or comfortable with others depending on me	78% (36)	42% (8)
I like or don't mind depending on others	11% (5)	26% (5)
Feels comfortable with emotional closeness to others	43% (20)	15% (3)
Is not comfortable with emotional closeness to others	43% (20)	50% (10)
Worries about being hurt by others	14% (6)	35% (7)

# The role of a parent

High numbers of both groups seemed to have good knowledge of what constitutes good and bad parenting (see Table 5). For example, they told us that being a good parent involved being, "... a protector and provider....making sure no harm comes to them" (adult, 5) and

"....unconditional love, being there, helping them to grow up...." (child, 62). The groups were also similar in their understanding of what makes a bad/poor parent. Only a few in each group had poor knowledge of what it is to be a bad parent and stated, for example, "Bad parents can't cope, let situations get on top of them" (adult, 4) and "Obviously, people make mistakes, if you made the same mistake twice that would be a bad parent" (child, 66).

Table 5

Perceptions of A Parent's Role

Describing the role of a parent	Adult Harmers	Child Harmers
Good knowledge (e.g. loving, supportive, kind, safe,	95% (44)	90% (18)
stable and to teach children.)		
Poor knowledge (e.g. parenting is a duty that must	5% (2)	10% (2)
be done as opposed to reference to qualitative		
components, such as, love, support and care)		
Good knowledge of what makes a bad parent	95% (44)	95% (19)
(e.g. neglectful & abusive to the child).		
Poor knowledge of what makes a bad parent	5% (2)	5% (1)
(e.g. parent can't cope or parent tired)		

## Biological and non-biological parenting

Participants' responses, fell into one of three themes. The first were those who thought that being biologically related to a child did not matter, which they emphasized with references to the quality and closeness of the parent/child relationship. This view was, however, held by only half of child harmers. In contrast, nearly all adult harmers held this view (see table 6). Examples of views include, "Not for teaching them certain ways...I think everyone has the ability/parental bond with someone" (adult, 9) or "If you have been with them from a young age then human nature is you're going to bond" (adult, 35) and "It makes no difference if a child is biologically yours or not" (child, 64) or "Makes no difference if child is biological or not, my step mum did a good job" (child, 37)

Another view was a consideration of a non-biological relationship with a child as a 'trade-off deal' necessary for them to be with the mother. Participants expressing this view either did not mention the relationship with the child or were evasive and non-committal about it. Of child harmers, 39% referred to this form of trade-off arrangement. Interestingly, none of the adult harmers expressed this view. Examples of views expressed include, "shouldn't matter...if you're prepared to enter into a relationship with someone who already has a child you should be ready for it" (child, 54) or "no, up to you to accept the children or not be with the mother" (child, 59)

Some in each group considered a biological relationship with a child to be very important. Views included, for example, "It's easier for me to say no but yeah, it's important innit" (adult, 32) or "It does make a difference...it's very different if you give birth or adopt a kid" (adult, 36) and "it does matter if a child is yours, biologically" (child, 51) or "I think there is always that bond with biological parents, it is natural I think to have a stronger, natural bond" (child, 65).

Table 6

The Importance of Being A Biological Parent

Does being a biological parent make a difference?	Adult Harmers	Child Harmers
Not at all (e.g. role of parent is more than just biology)	89% (41)	50% (10)
Reference to a trade-off (tolerating the child to be with the mother, not being sure, guessing or being evasive/non-committal)	0	39% (8)
Yes it does (e.g. closer bonds with biological child)	7% (3)	11% (2)

# Knowledge of Children under the age of 5 years

More adult harmers seemed to know what types of behavior warranted correction in children, but both groups offered good examples (see Table 7). For example, they stated, "Things that can be dangerous, going over to plugs..." (adult, 9) or "breaking stuff like their toys, running off, lashing out, kicking and hitting other children" (adult, 26) and "if they were fighting or do anything potentially dangerous to themselves" (child, 50) or "near the cooker, electrical things, heights, dangerous things" (child, 61).

However, child harmers seemed less able to answer questions about what constitutes appropriate discipline for a child (See Table 7). Participants stated for example, "you can't discipline a child under 5, they don't know what is wrong or right" (adult, 1) or "I don't know

they'd do anything, man" (adult, 33) and "none, it's too young.... is that right?" (Child, 60) or "I don't know, kids are kids aren't they" (child, 69).

Child harmers also talked about children's behavior more negatively than did adult harmers (see Table 7) stating that children are difficult because they engage in behavior such as, "isolating themselves...hiding the phone... putting money between the floor boards... playing mum and dad off against each other, you want to curb that" (child, 64) or "need to make sure they walk well....pick food off the floor is naughty, messing up the DVD player" (child, 37).

Table 7

Knowledge of Children's Behavior

Knowledge of children under the age of 5's behavior	Adult Harmers	Child Harmers
requiring adult correction		
Appropriate knowledge of prohibited behavior	77% (35)	65% (13)
(e.g. hitting others, not sharing or drawing on a wall)		
Don't know (e.g. lack of knowledge)	14% (6)	20% (4)
Negative perception of the child (e.g. discussed child	9% (4)	15% (3)
in terms of spoilt brat etc.)		
•		

# **Knowledge of parenting strategies - appropriate parenting strategies**

Parenting strategies were examined using an example of an escalation of a negative situation (e.g. their child hitting another child). Once the participant suggested a response, the researcher then asked them about their response if the child ignored them and continued the behavior (see Table 8). To the first part of this example both groups stated that they would speak to the child, although more of the child group expressed this response, "explain to them, I think they are little people that need to understand" (adult, 2) or "speak to the child, explain what is wrong" (adult, 12) and "you have to talk about why they were behaving like that, explain why it's not right and why you don't/can't behave like that "(child, 54) or "speak to them first at their level" (child, 58). Fewer adult harmers and no child harmers stated that they would raise their voice, "I'd use a deep voice and tell them no, I usually raise my voice a bit" (adult, 31).

A greater number of adult harmers chose to punish the child by removing them from the situation or denying them a valued possession/privilege, "I would take something away that they value, to make them think twice about what they were doing" (adult, 15) or "if they don't listen then no toys, no TV" (adult, 22) and "take the toys off them if they are not sharing, after that I don't know what else I would do" (child, 58) or "take the toy out of the child's hand....umm...remove the child and take them away from the situation" (child, 63)

More adult harmers also chose to send the child to their room, "send them to bed" (adult, 7) or "I would, as punishment, put them in their own room where there was not toys, I would send the child whose fault it was" (adult, 47) and "could have a time out in their bedroom?" (Child, 54) or "If it was my child.....I would tell them to go to their room until they were ready to come and say sorry" (child, 62).

# **Inappropriate parenting strategies**

There was disparity between the groups regarding inappropriate parenting strategies (see Table 8). A larger number of child harmers seemed unsure of what to do, or they proposed inappropriate parenting strategies, "I would make them make a cup of tea or do the housework, I don't know what else I would do. I wouldn't hit them" (child, 57) or "....show them books/diagrams, I don't know. I am not sure what else you can do...err..." (Child, 59) and "see a psychiatrist of something if it got messy" (child, 51) "We had a naughty children's room, a dark space in the attic" (adult, 4) or "use the cold shoulder" (adult, 14).

There were similarities between the groups regarding what parenting strategies they would use, particularly if the child was very young. However, there was a greater difference in using smacking, which was chosen by more adult harmers than child harmers, "I'd smack on the hand... you can't give in... they find other ways to try and control you... children are wise and smart and they get cleverer and cleverer" (adult, 10), "....or a tanned arse, just a tap to the back of the legs or something" (adult, 17) and "hmmm I mean you could slap their hand for that I suppose, a last resort" (child, 50) or "I'd intervene if it got messy, give them a smack on the hand" (child, 51).

Table 8

Knowledge of Parenting Strategies

Parenting Strategies	Adult Harmers	Child Harmers
Appropriate		
Speak to the child and explain the problem	53% (24)	75% (15)
Raise voice if they don't listen	2% (1)	
If speaking hasn't worked, remove them from the situation or remove a toy (consequence)	40% (18)	25% (5)
If refusing to co-operate, put them in time out for a reasonable time (minute per age etc.)	20% (9)	20% (4)
Send them to their room	20% (9)	10% (2)
Provide positive reinforcement for good behavior	7% (3)	5% (1)
Inappropriate		
Let them hit each other, laugh, see a psychiatrist etc.	7% (3)	30% (6)
Can't do anything at that age they are too young	2% (1)	5% (1)
I don't know	2% (1)	5% (1)
Smack them	11% (5)	5% (1)

# Perceptions of their index offense

Although the groups differ in their victim profiles, this component of the analysis identified participants' experiences, thoughts and emotions regarding their index offenses.

## **Adult harmers**

Most adult harmers reported strong feelings associated with retribution/revenge and that victims deserved their victimization (e.g. "they brought it on themselves" adult, 38) because they had offended against a friend or family member, (e.g. "they shot my blood brother, revenge getting back at them", adult 14). Adult harmers seemed to justify their violence and indicated their right to assert their own justice by, for example, teaching people a lesson (e.g. "if you don't know me, don't say stupid shit around me" adult, 20). They also appeared to have a strong sense of self, what they believed in and their 'version of the world' was used to support personal moral views which in turn, also justified their actions (e.g. "if someone hit my son or daughter, I'd have the right to do what I need to do....sometimes it is necessary" adult, 11). They also described how their actions were often dominated by feelings of rage and anger at perceived insults or disrespect shown to them, their family or their friends (e.g. "I thought to myself you took a fucking liberty. Immediately afterwards I was angry, especially when I looked at my girlfriend" adult, 9). For some, removing themselves from the situation, or using non-violent responses left them with negative feelings about themselves (e.g. "I would feel bad if I ran away like a mug, it is not an option to run away. I would feel small, inferior, worthless, a punk. Pride really" adult, 12). In contrast, behaving violently often resulted in positive feelings of being powerful and strong (e.g. "It feels good, I'm always in the right, I feel completely justified" adult, 13)

Adult harmers views on violence seemed to reflect a perception that violence directed at weaker individuals was unacceptable (although their index offenses did not always reflect this). Strong views were demonstrated by many adult harmers regarding victims such as children, the elderly or women, "I think hittin children and smacking birds is a no, I look down on you if you do that" (p.40) or "I am the man and I respect women. Children is innocent, they know nothing at all" (p.45) or "men who hit women are cowards" (p.15) or "Have to pick on people who can defend themselves" (p.6). This seemed to function for some on the emotional connections they have with others, (e.g. "Partner violence is a no-go, because we are emotionally tied to each other" (p.30) or "If I see a woman getting beaten up and a man, there are different emotions, they are helpless" (p.36).

Some expressed that women are weaker and not a match for a 'man' thus making any man who assaults a woman a bully. Children were also considered to be defenseless and lacking understanding as to right and wrong and so could not be accountable for their actions (e.g. "I wouldn't hit kids, they're defenseless. A child doesn't know any better....doesn't know left from right" p.32 or "when I see a child crying, that tugs on my heart strings, I can relate to them" p.35). Several seemed to consider themselves as protectors who defend the weak and punish only physical equals (e.g. "two blokes having a punch up is not so bad because they can defend themselves" p.23, or "have to pick on people who can defend themselves" p.6, or "protect the weak against the strong p.7). Children were exempted from violence because of their innocence (e.g. "It's different with kids, a child doesn't understand, an adult should know better. So I can excuse a child and control myself" p.11).

#### Child harmers

In contrast to the adult harmers, child harmers expressed difficulties with family networks. Most reported feelings of stress, frustration, not coping and feeling useless in the period leading up to their offense. They also reported strong emotional responses to situations in the family environment that they felt were beyond their control (e.g. "I was frustrated....I felt I've messed up again, anything I do is wrong.... Felt I had failed" p.61, or "I started to feel suicidal... I wasn't any good, I wasn't going to cope...manage, everything was going to fall apart... I wasn't feeling supported...telling people I am not coping....I can't handle it" p.50).

Also, in contrast to adult harmers, most child harmers seemed to perceive themselves as weak, struggling and not coping. The pressure or stress most commonly referred to appeared to be that the child prevented personal gratification, such as, to sleep, have a break, do what they wanted, or because they felt unwell, (e.g. "I was getting pissed off being asked for stuff...I wanted them to play quietly.....it was really aggravating me" p.64, or "I was feeling really hung over...three hours sleep and was feeling ill...I just wanted him to stop crying, and he would not stop" p.50, or "she was sick on me, again, I just lost it" p.58, or "pain in my ear....I wanted to go out and have a fag.....I wanted to go to sleep....I wanted to get my work stuff ready" p.49).

Child harmers also seemed to worry about their close relationships and consider their victims as having affection for others, but not for them (e.g. "He loves his mum but hates me" p.37, or "he didn't want to be with me" p.51, or "I felt he didn't really like me" p.50, or "I think she was scared and didn't love me" p.63, or "got on with his mum, I didn't have the same bond" p.61). They also seemed to associate their violence with feelings of insecurity, being trapped and trying to control others so that they could achieve personal goals and this appears to have influenced their responses when asked why others may be violent (e.g. "Insecure, scared of being

hurt themselves, frustrated, out of control with their emotions" p.65, or "people are violent because they are scared....protects you" p.60, or "Someone reached a point they can't cope, nearly always an underlying fear" p.50).

It seems that a combination of unmet needs and an underlying fear and insecurity in relationships, in addition to perceptions of their victims being closer to the mother than to them, influenced their offending. Negative attributions such as interpreting normal child behavior (e.g. crying, illness, or physiological needs), seem also to have been interpreted by child harmers as indicators that the child did not like them (e.g. "When he cried, I used to think it was because he hated me, because I was aggressive" p.37, or "baby woke up in a really foul mood....he urinated and defecated over me....I thought it was deliberate at the time, I felt he didn't really like me, perhaps even hated me on that day, when he cried it was because he wanted to upset me" p.50).

Several child harmers also seemed to consider that if the child appeared to be happy, this was good behavior and if it looked unhappy this was bad behavior (e.g. "she used to cry a lot but when she got what she wanted she was happy.....I didn't bother with the children, I had no relationship with them" p.52, or "she was always well behaved, that's how I knew she was happy....I think my daughter started hating me" p.63). Others appeared to view the child as incapable of experiencing emotions. Some reported considering the child as too young to possess any real feelings or perceptions. (e.g. "At the age of 6 weeks, I don't know if he felt anything" p.68, or "Not sure if or how babies that young perceive their parents....you just don't know if they perceive anything" p.54).

Child harmers also seemed to consider having control in close relationships as important.

This was not apparent in the adult group. Several child harmers stated that they either did not feel in control, perceived their partner as not being in control, or that the child was uncontrolled. This

was overtly stated by some, whilst others referred to it more implicitly; reporting that the child failed to comply with their wishes such as to stop crying or to be quiet (e.g. "I thought he didn't like me.....I just wanted to control, to be in control and controlling everything" p.37, or "I used to control everything...this was the one person defying the control I wanted and I didn't like it" p.59).

Some also reported that the child would not do what they (the offender) wanted them to do (e.g. "I just wanted them to play quietly....it was really aggravating me...I felt she was being a little shit as well" p.64, "I just wanted him to stop crying and he wouldn't stop" p.51, "she wouldn't stop crying, continuous crying, I just got frustrated....my blood just boiled from stress the whole day" p.63). Others maintained that the mother couldn't control the child (e.g. "I felt she wasn't in control, so I had to step in....get him to stop crying" p.69).

## Responses to their offense

Participants in both groups reported losing control when provoked. Child harmers appeared to consider themselves as incompetent and failing to cope which, in turn, seemed to contribute to their offense as they tried to alleviate personal stress, frustration and anger. However, committing the offense seemed not to improve their feelings regarding their situation. For example, they stated that they felt "...shameful, couldn't believe it had happened....denied it initially due to embarrassment and shame, fearful of reaction from other prisoners..." child, p.58, or "immediately afterwards I felt terrible and guilty... I felt very ashamed and embarrassed" child, p.61".

In contrast, adult harmers seemed to benefit from their offense because it made them feel better, reinforced their sense of powerfulness and strength and satisfied their desire for revenge and respect from others (e.g. "...feels better afterwards because I'm hurting I want them to hurt" (adult, 29), or "...the goal was retribution, I got it and felt good" (adult, 14), or "......your family had a name and respect. People don't mess with you and know who you are, your name" (adult, 41).

## **Summary of results**

The aim of this study was to explore the similarities and differences between the beliefs of child harmers (convicted of violence against a child) and adult harmers (convicted of violence against adults). Findings show that both groups are similar in their education levels, use of drugs and levels of social support. Ethnicity varies slightly in this study, as child harmers include more white males than adult harmers. Child harmers also appear to be lower in socio economic status and to report more feelings of depression and anxiety, which supports existing research (Black, Heyman, Slep, 2001). Also, as alcohol was used more often in offenses committed by adult harmers than by child harmers, this is consistent with earlier contentions that alcohol is a minor contributory factor to child homicide (Sidebotham et al, 2011).

There were some interesting similarities between the groups. For example, findings showed that both groups have reasonable knowledge of the role of a parent and what constitutes good or bad parenting. Importantly, this finding challenges the assumption that physical offending against children is because of poor parenting gone wrong (e.g. Rodriquez, 2013, 2016). It seems, given their clear knowledge of appropriate parenting, that child harmers, perhaps due to their feelings of shame following the offense, provide evasive explanations to child protection professionals and that this, in turn, has facilitated the idea that they have a poor understanding of appropriate and inappropriate parenting. If this is so, then the conclusions drawn by the second executive summary of the serious case review (Local Safeguarding

Children Board, Haringey, 2009) which described parents who had seriously harmed their child as "superficially compliant, evasive, deceitful, manipulative and untruthful" (p.24), may well be accurate.

Notwithstanding this *knowledge* of a parent's role, child harmers seem less able than adult harmers to *employ appropriate strategies* for dealing with naughty children. This supports existing literature which suggests that there is either a skill or deficit in child harmers' parenting abilities (Azar, 2002; Milner & Dopke, 1997). Explanations for this may be because of views of the child tend to distort child harmers' perceptions of appropriate responses. For example, although more child harmers than adult harmers claimed that they would initially adopt an appropriate corrective strategy of first talking to the child, if this fails, then child harmers seem less able than adult harmers to select another appropriate strategy. Instead, they seem more likely to personalize the child's response and to respond emotionally or with inappropriate strategies (e.g. letting the children hit each other, to laugh, or to see a psychiatrist). This deficit in available parenting strategies of the child harmers, provides support to the assumption that harm may result from poor parenting. However, in this study, it was the adult harmers who were more likely to use physical discipline than child harmers. Child harmers were generally opposed to using physical discipline, therefore whilst poor parenting may be a contributory factor to child harm it might not be suitable as an underlying theoretical assumption. The contrast between knowledge of parenting and use of parenting strategies, suggests the effect and extent of this apparent deficit in parenting responses would be valuable in future research.

Child harmers also seem to be less comfortable than adult harmers with being depended on, with forming close relationships and are more concerned about being hurt. This may imply that they have an insecure attachment style. Insecure attachment has been linked to different

types of offending including violent (Ward, Hudson & Marshall, 1996) sexual (Wood & Riggs, 2008) and domestic violence (Mauricio, Tein & Lopez, 2007). Although the findings in the current study cannot support this speculation, it is an interesting avenue to explore in future research. There was a noted a difference in the groups' perspectives on the importance of being a biological parent. A large number of child harmers viewed the relationship with a step-child as a kind of trade-off in which they tolerated the child so they could be with the mother. This was a view that none of the adult group voiced and supports evidence showing how a child is put more at risk when they live with a non-biologically related male (Schnitzer & Ewigman, 2005).

Adult harmers' explanations for their violence supports existing literature on violence supportive cognitions, such as violence is useful, removes a threat and that violence operates as a protective factor for avoiding the embarrassment or shame that is associated with walking away from a problem (Bowes & McMurran, 2013). The adult harmers that we interviewed considered violence as a mechanism for retribution, revenge, power and respect and for reinforcing their personal priorities of protecting and enforcing the boundaries, which encapsulate immediate family relationships. Adult harmers, however, considered the harming of women or children as unacceptable and a weakness. Children, because of their innocence, lack of worldly understanding and lack of responsibility for their actions, were not seen as a threat or a likely target for violence. Here, adult harmers seemed to be demonstrating some empathy and emotional responsibility towards children. Existing literature on child physical abuse supports this idea by showing how an empathy deficit mediates mothers' violence to children (Rodriguez, 2013; Rodriguez et al, 2016) and fathers (Asla, de Paul & Perez-Albeniz, 2011; Wagner et al, 2015) and thus empathy deficits are worthy of further attention in the child harm group.

In contrast to the adult harmers' views of justification from retribution and revenge, child harmers seem to center more on personal needs within the family. Their narratives centered on personal desires and needs, which they appear to see as conflicting with the child's needs. This also seems to be compounded by comparisons of their own relationship with the child with that of the mother's relationship with the child, which seems to exacerbate feelings of rejection by the child. Thus, this seems to reflect some of the factors such as attachment anxiety, cognitive distortions and victim empathy identified in the risk of sexual harm to children (Wood & Riggs, 2008) and the negative attributions and insecure attachment style identified in domestic violence (Buck, Leenaars, Emmelkamp, & van Marle, 2012). Of course, this is pure speculation, but future research could examine this in more detail. This study has shown, child harmers appear to be a unique group of offenders who have beliefs that differentiate them from other violent offenders and this needs to be considered in future work and in practice to gain a fuller understanding of why some men seriously harm children.

## **Implications for practitioners**

Victims of child harmers are usually under the age of 5 years, not in education (where signs of injury may be noticed) so are most likely to be seen outside the home by either a perinatal health service or within a medical setting. The challenge for professionals is the ability of this group of offenders to manipulate others (Baby P, second executive summary of the serious case review, 2009). In this study, child harmers provide good accounts of appropriate parenting and are aware of socially acceptable responses (although these are limited). They did not always, as some guidelines advise, demonstrate a coldness and/or detachment from the child (Ezpeleta et al, 2017) even if they felt it. Letson et al's (2016) review of opportunities to identify abuse in children notes how in 31% of the sample, there had been 120 opportunities for 73

children to be identified as at risk, before they presented with an abusive head trauma. The issue of deliberate deception of professionals was evident in our study, as one participant stated, "I was so deceptive about what I told people, I couldn't admit to it" (child, p.64).

However, the focus of existing perinatal services on mothers' needs, pays scant attention to that of fathers, despite gender divisions in child care today being more equal (Fletcher, Matthey & Marley, 2006) and this was evident in our interviews, as one father, convicted for the murder of his son expressed,

"I didn't talk to any health visitor or GP and none of them asked how I was doing. I think I would have given an honest answer if one of them had asked. I think if the health visitor had ever spoken to me but she was only ever interested in wife and baby" (child, p50)

Although this could be post-offense rationalizing, our finding that the majority of child harmers, in contrast to adult harmers, claimed to be suffering from depression or anxiety at the time of offending, warrants further investigation and the attention of professionals tasked with family support. Guterman, Bellamy & Banman (2018) have trialed promoting the father's involvement in these early home visits and whilst this is recent work, it is an acknowledgement that the needs of fathers tend to be neglected in perinatal services.

## Chapter 5

## Study 2 – An examination of Child Harmers Person Characteristics

The aim of study 2 is to compare the person characteristics of child harmers to adult harmers. Specifically, this study addresses the limitations of previous studies that failed to define either the maltreatment type or level of harm to children (Cicchetti & Rizley, 1981; Giovanni, 1989). However, Black, Heyman and Slep (2001) did seek to identify the risk factors associated with the victimization of children under age two and defined 'severe harm' as injuries resulting in bruising, bed days or medical care. They reviewed over 6,000 studies but were unable to establish what risk factors might be associated with male perpetrators due to the paucity of research on men. The authors were only able to identify characteristics that make mothers more likely to severely harm children. These include dysphoria, depression, anxiety, loneliness, interpersonal problems and profound physical or emotional distress, high levels of stress, and poor coping responses, high reactivity; negative attributions to children and having children who exhibit behavior problems. The lack of data on men who harm meant the study was not able to identify if these characteristics are equally applicable to fathers/father figures.

The evidence outlined in this thesis so far suggests the characteristics relevant to examine in fathers who seriously harm (child harmers) may include: impulsivity, reactivity, poorly controlled aggression, anger, annoyance, aggression (Friederick & Wheeler, 1982; Rodriguez et al, 2014), levels of stress and coping strategies (Farrington, 1986; Gelles & Straus, 1979; Milner, 1993), depression / unhappiness (Frodi & Lamb, 1980), knowledge of children (Milner, 1993; Newberger & Cook, 1983), perceptions of and attitudes to children (Rodriguez et al, 2014), self-esteem (Frederick & Wheeler, 1982), empathy (Friederick & Wheeler, 1982; Rodriquez et al,

2014), effective use of parenting strategies (Aber & Zigler, 1981, Chapter 4; Tzeng et al, 1991), and attachment style (Rodriquez & Richardson, 2007).

## **The Current Study**

In Study 2 quantitative measures are used to examined person characteristics and include: emotional control, anger and provocation, responses to stress, empathy, moral views on physical discipline, self-esteem, attachment style, demographic and victim data. Comparisons between offenders who have seriously harmed a child (but not an adult) and offenders who have seriously harmed an adult (but not a child) have not, to our knowledge, been conducted previously, so no specific predictions were made. Instead, a series of research questions were developed to be addressed in this study: Do child harmers differ from adult harmers in their empathy with children and more specifically with their victim? Do child harmers and adult harmers differ in their attachment style, approach to parenting (i.e. do they morally disengage when dealing with children), emotional control and self-esteem? Do child harmers and adult harmers differ in their cognitive, arousal, behavioral responses to anger or the ability to regulate feelings of anger? The fourth was, do child harmers and adult harmers differ in their responses to provocation? The fifth research question was, do child harmers differ from adult harmers in their coping responses to stressful events?. For a detailed method section, please see Chapter 3.

#### Results

Data were analyzed using SPSS and a p < .05 level of significance. Reliability analysis showed all scales had a reasonable to very good reliability except Emotional Control. Emotional control has previously tested well (see chapter 3), therefore, it was still included in this study. (see Table 9).

Table 9: Reliability of scales included in interview schedule

Scale	Cronba	ch's alpha	N of items	
Experiences in close relationships	.929		36	
Social desirability response	.'	793	20	
Moral disengagement of parenting	.860		32	
Emotional control	.631		56	
CSFEI (Self-esteem)	.799		40	
Anger	.918		60	
Provocation	.945		25	
COPE (stress response)	.889		53	
	Cronbach's alpha		N of	fitems
Child empathy measure	Section A	Section B	Section A	Section B
Vignette 1	.879	.872	30	20
Vignette 2	.872	.777	30	20
Vignette 3	.933	.893	30	20

The aim of the study was to establish if there were differences between child and adult harmers in their empathy with children and with their victim. Independent t-tests showed that child

harmers had more empathy when perspective-taking of their victim (effect size = 0.911), greater responsive empathy in the vignette of a carer causing harm (effect size = 0.562) and responsive empathy with their victim (effect size = 1.774) than adult harmers demonstrated. Both groups had similar levels of perspective taking and responsive empathy for the child involved in a car accident (see Table 10).

Table 10:

Perspective and responsive empathy in child and adult harmers

		95% CI			
Empathy	Child*	Adult*	LL	UL	P
Perspective taking					
Car accident	114.30 (16.36)	112.41	-10.66	6.88	.664
Carer harm	122.75 (12.52)	125.21	-4.64	9.56	.488
Their victim	120.79 (22.09)	104.26	-31.22	-1.82	.029
Responsive empathy					
Car accident	72.85 (9.25)	69.87	-8.46	-2.50	.279
Carer	81.90 (6.96)	76.57	-10.25	-0.42	.034
Their victim	89.67 (5.61)	70.38	-25.82	-12.75	< .000

<sup>\*</sup>values are means with standard deviations in parentheses

Our second research question wanted to know if there were differences between child and adult harmers in their attachment style, parental moral disengagement, social desirability

responding, emotional control and self-esteem. Independent t-tests showed that compared to adult harmers, child harmers had lower self-esteem (effect size = 0.727) and were more likely to have anxious attachment styles (effect size = 0.809) (see Table 11). There was no difference in the total scores for moral disengagement (MD) between child harmers (M = 47.75, SD = 11.88) and adult harmers (M = 51.29, SD = 14.45), t (63) = .960, p = .341. However, when the individual MD strategies were examined, child harmers were more likely to use moral justification of physical discipline than adult harmers (effect size = 3.593) (see Table 11). There were no differences in the scores for social desirability responses between child harmers (M = 53.25, SD = 17.40) and adult harmers (M = 49.80, SD = 10.06), t (64) = -1.014, t = .315. There were no difference in scores for emotional control between child harmers (t = 218.35, t = 21.16) and adult harmers (t = 212.98, t = 25.21), t (61) = -.826, t = .412.

Table 11:

Attachment style, self-esteem and moral disengagement of parenting (MDP) in child and adult harmers

		95% CI			
Variable	Child*	Adult*	LL	UL	P
Attachment subscale					
Anxious	68.75 (27.28)	45.78 (21.08)	-36.99	-8.95	.002
Avoidance	61.85 (24.94)	61.00 (21.14)	-13.90	12.20	>.895
Attachment total	130.60 (45.80)	106.78 (31.54)	-46.93	71	.044
Self-esteem	144.75 (21.2)	131.63 (22.71)	-25.03	-1.37	.031
MDP subscale					
Moral justification	6.05 (2.46)	8.09 (3.66)	.48	3.59	.011
Euphemistic language	4.11 (.38)	4.15 (.67)	37	.29	.811
Advantageous comparison	6.27 (3.28)	5.50 (2.48)	72	2.25	.305
Diffusion of responsibility	7.98 (3.45)	7.70 (3.47)	-1.61	2.16	.767
Displacement of responsibility	5.65 (1.86)	5.25 (1.59)	51	1.30	.386
Distorting consequences	6.82 (2.57)	7.35 (2.56)	-1.92	.87	.448
Dehumanising	1.10 (.25)	1.20 (.37)	27	.10	.363
Attribution of blame	5.20 (1.10)	5.15 (1.69)	24	.07	.291

<sup>\*</sup>values are means with standard deviations in parentheses

Our third research question examined whether child harmers differed from adult harmers in their cognitive arousal, behavioral responses to anger and their ability to regulate feelings of anger. There were no differences in anger response scores between child harmers (M = 179.90,

SD = 37.80) and adult harmers (M = 179.82, SD = 38.25); t (63) = -.008, p = .994. However, cognitive suspiciousness sub-scale child harmers (M = 9.55, SD = 2.19) scored higher than adult harmers (M = 8.27, SD = 2.44), t (63) = -2.02, p = .048, which indicates that child harmers are more suspicious of others than are adult harmers (effect size = 40.533) (see table 12).

Our fourth research question wanted to know whether child and adult harmers differ in their responses to provocation. There were no differences in the provocation scores for child harmers (M = 80.1, SD = 23.29) and adult harmers (M = 82.02, SD = 20.15), t (64) = .339, p = .735.

Our final research question sought to establish whether child harmers differ from adult harmers in their responses to stressful events. Independent t-tests showed that child harmers had a preferred style of behavioral disengagement coping (effect size = 0.851) while adult harmers had a preferred style of active coping (effect size=0.744) the remaining subscales demonstrated no significant difference. (See Table 12).

Table 12:

Coping responses to stress and anger in adult and child harmers

		95% CI			
Variable	Child*	Adult*	LL	UL	P
Coping response subscales					
Active Coping	10.70 (2.08)	12.27 (2.63)	.34	2.80	.013
Behavioral Disengagement	9.25 (3.70)	6.91 (3.24)	- 4.30	39	.020
Planning	9.90 (2.99)	11.68 (3.90)	01	3.57	.051
Suppression of competing activities	9.70 (2.89)	10.84 (3.21)	49	2.77	.165
Restraint Coping	9.50 (2.83)	10.66 (3.07)	43	2.75	.148
Seeking social support for instrumental reasons	9.95 (3.78)	10.00 (3.46)	-1.97	2.07	.960
Seeking social support for emotional reasons	8.60 (3.60)	8.66 (3.44)	-1.89	2.00	.951
Positive reinterpretation and growth	11.45 (2.78)	11.64 (2.62)	-1.31	1.68	.802
Acceptance	12.15 (3.41)	12.02 (3.10)	-1.94	1.69	.888
Focus on and venting of emotions	9.25 (4.04)	8.07 (3.27)	-3.28	.92	.260
Denial	8.30 (4.18)	6.45 (2.99)	-3.97	.28	.086
Mental disengagement	9.55 (3.19)	8.23 (2.84)	-3.01	.37	.121
Alcohol-drug disengagement	2.30 (1.45)	2.02 (1.24)	-1.04	.49	.468
Anger Subscales					
Cognitive Justification	12.45 (4.07)	13.29 (3.65)	-1.32	2.10	.435
Cognitive Rumination	6.60 (2.54)	6.96 (2.17)	97	1.69	.591
Cognitive hostile attitude	5.15 (2.54)	5.36 (2.30)	-1.14	1.55	.759
Cognitive Suspiciousness	9.55 (2.19)	8.27 (2.44)	-2.52	-2.52	.048

<sup>\*</sup>values are means with standard deviations in parentheses

Discriminate function analysis was conducted to determine which of the measured characteristics were most important in predicting group membership. In this study, the characteristics that determined a participant's membership of the child harm group, in order of importance, were: (1) empathy (greater empathy from the child harmer for what their victim had experienced), (2) child harmers stress response by disengaging with the problem (characterized by hopelessness and giving up trying to solve a problem) in contrast to adult harmers active coping-strategies, (3) child harmers had higher levels of anxiety in relationships with others than adult harmers, (4) child harmers demonstrated greater suspicious thinking in their anger arousal than adult harmers. Results showed a significant discriminant function p<.008. The canonical correlation of .615 suggests the model accounts for 37.8% of the variance, and the cross validation suggested 77% of cases were correctly classified. Table 13 shows all variables whose discriminant loading met the threshold criteria of .3 or above.

Table 13:

The importance of variables predicting group membership

Variable	Discriminate Loading		
Responsive empathy to their own victim	.782		
Disengaging response to coping with stress	.565		
Anxiety in attachment style	.535		
Suspicious thinking in anger response	.521		
Perspective taking of their own victim	.411		
Self-esteem	.388		
Responsive empathy to other victim of child harm	.376		

As Table 13 shows, the most important factor discriminating between child and adult harmers is empathy with their victim and, as the direction of the discriminant loading is positive (groups were coded, adult harmers = 1, child harmers = 2), this indicates that child harmers have more empathy with their victims' experiences than adult harmers. Other important factors are: child harmers are more likely to use disengagement as a coping style to stress; child harmers are more anxious in their attachment style; child harmers are more vulnerable to suspicious thinking in their anger responses; child harmers are more able to take the perspective of their victim and to an unknown victim of child harm; and child harmers have lower self-esteem (a higher score indicates lower self-esteem).

## **Summary of results**

This study sought to examine the characteristics of child harmers to determine what is unique or shared with adult harmers. Within the demographic results (discussed in chapter 4) child harmers reported more feelings of depression and anxiety at the time of offending, which supports existing research (Black, Heyman & Slep, 2001). However, these mental health variables were not measured in the study due to the volume of measures participants were completing and because current symptoms may not reflect an offender's state of mind at the time of their offenses. Recent research has begun to examine the effects of depression upon fathers (Cameron, Sedov, Tomfohr-Madsen, 2016; Girard, Lacharite, Dubeau & Devault, 2013; Takehara et al, 2017) and future work should look to address the effect of this in these child harmers.

Findings that addressed the research questions demonstrated child harmers are similar to adult harmers in their ability to control emotion, moral disengagement in parenting (except in the subscale of moral justification), responses to anger, provocation (except in the sub scale of

suspiciousness) and avoidance in their attachment style. Findings that showed differences between the groups and were unique to child harmers include their empathy to children, anxiety in close relationships (attachment style), self-esteem and responses to coping with stress by disengaging. Discriminant analysis then confirmed that the most important differences between groups were empathy to children, anxiety in close relationships, coping response to stress by disengaging, suspicious thinking in their anger responses and their self-esteem.

Empathy for their victims was the most important factor discriminating between child and adult harmers. This suggests that at the time of the offense child harmers may have experienced a deficit in the empathetic process or that other factors, such as arousal, poor emotional control, insecure attachment and anger control impacted on the empathetic process (Davis, 1983; Marshall & Marshall, 2011). That child harmers showed a greater ability to understand their victim's perspective and felt worse about what their victim and an unknown child had experienced is congruent with their views on parenting where they disagreed with physically disciplining children. However, research shows that some fathers make more errors in emotional recognition in children (Wagner et al, 2014). Also, as discussed earlier, stress and depression may increase negative interpretations of children's emotional expressions (Francis & Wolfe, 2008; Farc, Crouch, Skowronski, Milner, 2008). This could indicate that child harmers have empathy with children but they misinterpret children's behavioral and emotional expressions and this leads to a reduction in their empathy with the child victim.

Child harmers' higher levels of anxious attachment style was also an important discriminating factor between the groups. Anxious attachment links to: high levels of interpersonal anxiety in relationships; negative or positive views of the self; views of others as rejecting to them; making efforts to maintain distance in relationships and a focus on remaining

their independence. So, it may be that child harmers have difficulties with children's dependence and also see a child's behavior as a rejection of them. It is also interesting that child harmers' anxious attachment style is shared by other offending groups such as men who commit domestic violence (Dutton, Saunders & Starzomski, 1994). This may explain why previous studies have identified shared risk factors between domestic partner violence and child physical harm (Slep o'Leary, 2001; Gilbert et al, 2009; Holden, Barker & Appel, 2010). This warrants further investigation and consideration in any proposed theoretical mode because as attachment-security decreases the severity and level of violence increase (Olgilvie, Newman, Todd & Beck, 2014).

Findings also showed the importance of self-esteem as a discriminator between child and adult harmers. Research has, historically produced mixed findings on the role of self-esteem in aggression (Ostrowsky, 2010) and child physical harm (Black et al, 2001). Findings show child harmers have lower self-esteem than adult harmers and this contrasts with existing research into self-esteem and child harm which suggests that the role of self-esteem is not an important factor in predicting child physical harm (Black et al, 2001). However, Ostrowsky (2010) suggests that the inconsistent findings on self-esteem might originate from the type of violent behavior examined and argues those with reactive aggression suffer low self-esteem and are more likely to suffer with depression (Vitaro et al, 2002 in Ostrowsky, 2010). This supports the need for future work to examine the role that depression and anxiety may have in child harm.

The examination of child and adult harmers' responses to anger and provocation showed that an important discriminator was the evidence that child harmers have higher levels of suspiciousness and intuitively, this could arise from their anxious attachment style. This finding links to research which suggests that stress and anger are critical predictors of child harm (Rodriquez & Richardson, 2007). Anger is also suggested to provide justification for aggression

and to inhibit the ability to use moral reasoning and judgment (Anderson & Bushman, 2002) and their levels of suspiciousness could indicate that child harmers' provocation stem from their suspicion of a child's motives (e.g. for crying, misbehaving etc.). This supports the argument that child harmers possess more negative child attributions than non-abusing parents (Rodriguez, Smith & Silva, 2016) and that these attributions are exacerbated by stress (Francis & Wolfe, 2008; Takehara, Suto, Kakee, Tachibana, Mori, 2017). Such negative attributions, coupled with suspiciousness, may also increase the likelihood of interpreting children's emotional expressions negatively (Farc, Crouch, Skowronski, Milner, 2008)

Behavioral disengagement was a strong discriminator between child and adult harmers. The study found that adult harmers mostly employed problem-focused coping – specifically they adopted active coping, taking action to deal with the problem directly or indirectly. Behavioral disengagement in child harmers is characterized by giving up trying to cope. This is caused by feelings of helplessness and is strongly associated with distress (Carver, 1997). Given the significant role stress is thought to have in child harm Milner (1993), findings suggest that child harmers may have a profound inability to cope adequately in stressful situations. Their experience is likely to be exacerbated if they do not have appropriate knowledge of parenting strategies or experience of caring for children to effectively respond to child related situations, (e.g. a crying baby or defiant toddler; Milner & Dopke, 1997).

The similarities between the two groups support theoretical propositions that child harmers are not simply poor parents gone wrong, but they are offenders who share similarities to other violent offenders. Findings show that both child and adult harmers have similar levels of emotional control. Adult harmers are noted for possessing poor emotion regulation and anger control (Davey, Day & Howells, 2005), therefore, this was assumed applicable to the adult group

in this study. Previous research suggests that in child harmers, emotional control may act as a mediator between their beliefs of child behavior and subsequent responses to children (Seng & Prinz, 2008), thus be a contributing factor in physical harm (Rodriguez, Smith & Silva, 2014). Responses associated with poor emotional control are strongly linked to mood (Anderson & Bushman, 2002), exacerbated by levels of stress (Farrington, 1986) and can characterize aggressive behavior (Geen, 1998). It may be that child harmers, compared to adult harmers, experience greater tension when caring for children because of their poor response to stress and inadequate parenting skills. If these factors, together with their low self-esteem, suspiciousness when angry and anxiety in attachment are considered in terms of child harmers' hostile scripts of child behavior (Milner, 1993) and their unrealistic expectations of children (chapter 4), it seems plausible that they may respond adversely when provoked by normal child behavior (e.g. crying). Consequently, it seems that their perceptions of victims could be key in helping us to understand more about the differences between child and adult harmers. The current research cannot address this, but future work could examine it in more detail.

There were no differences between child and adult harmers' in their moral disengagement of parenting; except in the subscale moral justification of physical discipline. Interestingly, while both groups generally disapproved of the physical discipline of children, child harmers scored higher in morally justifying not using physical discipline. However, child harmers' views were clearly not reflected in their actions and may have been influenced by offense-specific scripts (Milner, 1993). Therefore, setting a trajectory of violence explicitly towards children, facilitated by poor emotional control, which is characteristic of reactive aggression (hostile) as opposed to deliberate or planned aggression (instrumental). Hostile aggression is characterized in child harm literature as impulsive, reactive and poorly controlled aggression (Kemp et al, 1962, Rodriguez

et al, 2014, Milner & Dopke, 1997), so it is not surprising that during interviews with offenders (see chapter 4), when emotional responses were absent, child harmers provided socially acceptable responses. These responses to physical discipline could help explain why practitioners find child harm difficult to detect during risk-screening as parents are nearly always questioned on their parenting practices (Woodman et al, 2008) and the fact that they are questioned at a time when they are not being provoked. The lack of congruence between the child harmers' moral views, the offenses they commit and our current findings could suggest that characteristics such as attachment style, self-esteem, empathy and their responses to stress act as mediators to the harm outcome. Again, this is not something that our findings can address currently, but future work could take this forward.

The differences in offense outcomes for victims of non-biological and biological male carers are a notable and an unexpected finding in this study. In the child harm group half the fathers interviewed were biologically related, the other half were non-biological carers who did not meet their partners until after the child had been born. All the victims of the non-biological male carers died as a result of their victimization. The majority of these victims were female and their ages ranged from 6-18 months old. In contrast, when the male carer was a biological parent only half the victims died (a result of seeking medical attention early). The majority of these victims were male and all were under 6 months of age at the time of the offense. This sample size is not large enough to make generalizations from this data but this outcome supports existing research. For example, findings that children are more likely to die with a non-biological carer living in their home (Gilbert et al, 2009; Schnitzer & Ewigman, 2005).

In summary, findings in study 2 suggest the most important predictors for serious child harm offending are more empathy with children, high levels of anxiety in close relationships, disengaged coping responses to stress, suspicious thinking in anger responses and low self-esteem.

### Chapter 6

#### Discussion

The aim of this thesis was to address the lack of knowledge regarding the beliefs and characteristics of men who severely physically harm children; specifically, to understand what individual factors may be important contributors to their offending and whether existing theoretical explanations can account for these factors. As these child harmers use severe violence to victimize children, they were compared with men who used severe violence to victimize adults (adult harmers) because shared characteristics between these offending groups could suggest that serious child harm may not be a result of 'poor parenting gone wrong' (as assumed in existing literature) and that other factors may need consideration within theoretical models of explanation. Equally, differences between the groups would provide evidence for characteristics that may be unique to child harmers. These may also contribute towards their offending behaviors and currently lack attention in existing theoretical explanations. The findings identified some shared and some differing characteristics between adult and child harmers. (See chapter 4 for discussion of socio-demographic findings).

## **Summary of key findings**

## Differences between adult and child harmers

The body of work from this study suggests child harmers, in comparison to adult harmers, possess different beliefs regarding children and their associated behaviors. Suspicious thinking when angered is higher in child harmers than adult harmers and is an important discriminator between groups. Child harmers appear to make more hostile attributions to their victim's behavior (e.g. normal child behavior of crying or physiological needs were negatively

interpreted, or the child looking unhappy was considered bad behavior). The adult harmers did not demonstrate these beliefs and instead demonstrated strong feelings associated with retribution/revenge and that their victims deserved their victimization. In contrast to the child harmers, they viewed children as innocents, whereby they lack worldly understanding and are not responsible for their actions, they were not viewed as a threat, and therefore were not a likely target for violence. It has been suggested that preexisting negative schemas regarding children disrupt appropriate information processing of social factors (Farc et al, 2008). Child harmers' increased cognitive suspiciousness reported in this study could indicate that child harmers' provocation for violence against children stems from their suspicion of the child's motives (e.g. for misbehaving). This may arise from increased interpersonal difficulties or anxiety in close relationships, which has been linked to rejection sensitivity (Zimmer-Gembeck, Nesdale, Webb, Khatibi, & Downey, 2016).

A type of cognition considered relevant in general maltreatment of children is perceived parental control, with a lack of control associated with parents at high risk of maltreating children (Seng & Prinz, 2008). The child harmers in this study considered control in the parental relationship as important, notably they believed that the child was not controllable, their partner was not controlling the child or the child was not complying with the offender. Problematic interpersonal relations permeated the child harmers' immediate family environment but not the adult harmers' environment. The adult harmers viewed their role in the family as a protector to enforce boundaries and considered the harming of women or children as unacceptable and a weakness. In contrast, child harmers lacked confidence in their family role and demonstrated concern about their close relationships, notably: anxiety and worry about the child preferring the mother over them, high levels of discomfort with being depended on or being close to others, and

concern regarding being hurt by others. Interpersonal emotional responses may interact with such cognitive processes (Dvir, Ford, Hill & Frazier, 2014; Milner & Dopke, 1997) and the child harmers in this study demonstrated a significant increase in attachment anxiety and relationship insecurities compared with adult harmers. Increased attachment anxiety is positively correlated with perceiving the child as interfering with a romantic relationship in both mothers and fathers and interfering with outside activities in only fathers (Rholes, Simpson & Kohn, 2011). Findings in this thesis showed that an anxious attachment style was an important discriminator between the groups and was a predictor of group membership. The child harmers' increased anxiety in close relationships, hostile beliefs regarding their victims and suspicious thinking when angered could explain their perception of being disliked by the child or the child deliberately not complying with their wishes. These may exacerbate feelings of rejection by the child that were indicated in interviews. This suggests that attachment style, victim beliefs and cognitive responses to anger should be considered in any theoretical model of explanation of child harmers' behavior. Future work should address the direction and quality of the relationship between these factors to further progress theoretical explanations.

Relationship insecurities in child harmers may be influenced by the unique beliefs this group reported regarding their biological relationship with a child, which 39% of child harmers perceived as a 'trade off' to be with the mother (possibly influenced by half of child harmers being non-biological fathers). This belief was not expressed by any adult harmers; they articulated that the quality of a relationship with a child depended on more than a biological connection. Differing views between groups of biological or non-biological relationships may explain why there is an increased risk of harm to children living with a non-biological male carer (Schnitzer, &Wigman, 2005). In this research, child harmers had lower self-esteem, which was

an important discriminator between groups and this may have fed into their inability to cope with being a parent and their experience in close relationships. Manifestations of their child-related beliefs accumulated in the time leading up to their offense with reported feelings of stress, frustration, not coping and feeling useless, perceiving themselves as weak, incompetent and struggling. Perceptions of the child interfering with their own needs (e.g. sleep, feeling ill, wanting to be left alone) were among triggers underlying the stress, frustration and anger experienced by child harmers. The reported feelings of increased depression and anxiety in child compared with adult harmers may have exacerbated this emotional response in this group.

The child harm group demonstrated lower socio-economic attainment. The family stress model postulates economic hardship as an important factor affecting parents' psychological distress, which in turn disrupts parenting practices (Masarik, & Conger, 2017). The work presented in this thesis found that child harmers demonstrate profoundly poor coping responses to stress (behavioral disengagement), in direct opposition to the responses of adult harmers (active coping) and this response was an important discriminator between groups. Active coping is linked to resilience that reduces the experience of stress, whereas behavioral disengagement is a passive response to stress that increases distress (Wood & Bhatnagar, 2015). This experience of stress may affect the parents' ability to process information that evaluates the contextual factors in a parenting situation (Milner & Dopke, 1997; Vigekm Fernandez, Joels & Schwabe, 2016) and both avoidant and anxious attachment styles (typical of this child harm group) are linked to increase parenting stress (Jones, Cassidy, & Shaver, 2015). Therefore, the role of stress and responses to stress are important to understand in the child harm group and should be included in any theoretical model of explanation.

This outcome was further supported by the observation that the child harmers in this study demonstrated significantly higher levels of empathy for their victims compared with adult harmers. This suggests that when a child harmer is removed from the immediate context of a challenging parenting situation their empathetic response, requiring cognitive and affective functioning (Davis, 1983) was appropriate. However, research on mothers who harm children and lower harm groups suggest that a deficit may occur in child harmers' empathetic processes (Wagner et al, 2014, Rodriguez et al, 2014) suggesting that the empathy response may experience disruption at the time of offending. Increased empathy was an important discriminator between the study groups and a counterintuitive finding in this body of work. This could be the result, in some cases, of the child harmers having a pre-existing relationship with their victims in contrast to most adult harmers who did not have pre-existing relationships. Future research should include measures of empathy in theoretical explanations and develop offense-specific understanding of how the process may be interrupted during parent—child interactions.

### Similarities between adult and child harmers

A notable similarity between child and adult harmers in this study was a poor ability to control emotion, anger and provocation responses (except cognitive suspiciousness). Poor emotional control (emotional dysregulation) is consistent with being easily provoked and responding poorly to anger indicators by failing to exert self-control. Maladaptive parenting responses are linked to difficulties with emotional regulation (Mikulincer & Shaver, 2007). Recent findings of emotional dysregulation have identified an association between parents at high risk of committing physical harm and aspects of borderline personality disorder (e.g. unstable relationships with others, unstable emotion, fear of abandonment) suggesting that a

subset of high-risk parents may exist (Hiraoka, Crouch, Reo, Wagner, Milner, & Skowronski, 2016). Shared characteristics between child and adult harmers provide support for the conclusion that some factors involved in the offending of child harmers may not be a matter of 'poor parenting gone wrong' but involve other offense-specific characteristics, such as, stress response or emotional control. In comparison with severe adult harmers, examining severe child harmers as a subset of offenders facilitate greater focus to identify key individual factors pertinent to these serious child harmers.

Both adult and child harmers demonstrated an insecure attachment style, specifically, they shared an avoidance attachment style but differed in anxious attachment, which was increased in child harmers. This study found that the similarity between the groups' avoidance attachment style behavior was not an important discriminator and determinant of group membership, in contrast to anxious attachment. Therefore, an insecure attachment style per se may not relate to child harm, but specific dimensions of attachment have been related to different offending (Ogilvie et al, 2014) and there is evidence that parent attachment styles should be related to parenting difficulties (Jones, Cassidy, & Shaver, 2015). This demonstration of the importance of attachment style as a discriminating factor in child harmers, despite its lack of attention to date, supports its consideration in future research.

Despite the difference in victims between groups, there was no difference in knowledge of good or bad parenting, which mirrored normal social beliefs. The child harmers articulated socially appropriate responses and no significant difference was found between groups in moral disengagement of parenting (except moral justification), demonstrating that both groups generally disagreed with physical discipline and child harmers demonstrated increased moral justification for this action. However, child harmers were more likely to select inappropriate

parenting strategies in problematic parent/child interactions than adult harmers. Practitioners have considered these parents as manipulative and deceptive (Local Child Safeguarding Board, Haringey, 2009) and the contradiction between knowledge of the role of parenting, views on physical discipline versus actual parental practice in child harmers, may explain their ability to provide deceptive responses in child safeguarding investigations. Existing research has held assumptions that child harm results from poor parenting capabilities and the knowledge of parenting strategies held by child harmers in this study, does lend some support to that assumption. However, this study also demonstrated that when seeking beliefs and characteristics of those who seriously harm their children, there are other components that are important determinants of group membership (e.g. response to stress, attachment style, empathy, cognitive suspiciousness, low self-esteem). In broadening empirical investigations compared with other studies and categorising serious child harm by examining fathers (the most frequent perpetrator), this body of work offers increased knowledge of severe child harmers. Future studies may also benefit from adopting an offense-specific approach to provide empirical evidence to further develop explanations of serious harm cases. Improved theoretical models of child harmers can inform family interventions with maltreating parents, and recent suggested approaches in attachment are showing improved outcomes/reduced harm in at risk parents (Cyr, & Alink, 2017).

Although child harmers in this study share some similarities with adult harmers as discussed above (e.g. emotional control, anger and provocation response, moral disengagement of parenting), there are sufficient differences from adult harmers (e.g. poor response to stress, anxious attachment style, empathy, cognitive suspiciousness, low self-esteem) that justify an offense-specific model of explanation. Furthermore, these differences magnify the negative

parental experience and maltreatment outcome. These differences in individual factors suggest that child harmers have highly complex needs, and especially in the context of the parent/child relationship and family setting, are ill equipped to cope with the demands placed upon them.

A review - The General Aggression Model (GAM) (Anderson & Bushman, 2002) and the Social Information Processing Model (SIP) (Milner, 1993)

The GAM is a frequently used model to explain aggression and was designed to provide a broad explanation of human aggression. It attends to broad factors related to aggression (e.g. person and situation variables) and so acknowledges the contribution of person factors (e.g. selfesteem). The GAM can explain child harmers' poor emotional control and anger/provocation responses within the perpetrators internal state. However, the findings in this study suggest that the differences between child harmers and adult harmers are also related to difficulties in close relationships (e.g. anxious attachment, beliefs specific to their child and empathy towards children) that the GAM does not account for. Child harmers in this study did not demonstrate general violence-related cognitions, which the GAM seeks to explain, whereas adult harmers did demonstrate perceptions of violence congruent with a general theory of aggression, supporting the use of the GAM to understand these offenders. Offense-specific differences between groups in this study suggest that child harmers are provoked in specific family and parenting contexts (e.g. disliked by the child) and do not demonstrate general violence cognitions, such as, retribution or revenge. Therefore, an offense-specific theory may be a better structure to develop comprehensive explanations of child harmers, as seen in other offender investigations (e.g. sexual offending or domestic partner abuse, Gilbert & Daffern, 2010).

The GAM recognizes that a person having sufficient resources (e.g. time and cognitive capacity) can determine a decision to use aggression. In the findings of this study child harmers

use less appropriate parenting strategies compared with adult harmers and employ poorer coping responses to stress (an important discriminator between groups). For child harmers, parenting strategies and stress response appear to be important determinants of maltreatment outcome but the GAM's broad design does not offer the offense-specific detail needed to support interventions with maltreating families. To develop understanding of these differences requires focused examination of both the key individual factors and the relationships between them (e.g. attachment style, victim related beliefs, empathy and self-esteem) that offense-specific explanations are equipped to provide. Individual factors identified in this study suggest that child harmers possess complex needs that likely interact with the broader ecological transactional landscape, in particular the family setting containing multiple risk factors (e.g. family dynamics, stress, low socio-economic status), that jointly contribute to determine the risk of maltreatment (Cicchetti, Toth & Maughan, 2000). The GAM does not allow for specific etiological factors, proven to be important in understanding child harm, to be included. An offense-specific model enables interventions that can identify at risk families (etiological factors) and target interventions with parents (individual factors) to reduce maltreatment risk. Such requirements place too great a demand on any general model of explanation and therefore make GAM an unsuitable structure for application to understanding child harmers.

Milner's (1993) social information processing (SIP) model is specific to physical child harm and accounts for parenting beliefs along with processing of relevant contextual factors in a parenting situation. Findings in this study suggest that child harmers' beliefs regarding children differ from adult harmers' beliefs. The SIP explains these beliefs as hostile and influenced by the parents' expectations and interpretation of children's behavior, which differ for maltreating parents compared to non-maltreating parents. Milner (1993) suggested that examination of

person characteristics (not identified by SIP) are necessary to advance explanations of physical harm to children and indeed person characteristics unique to the child harm group were shown to be important determinants of group membership in this study (e.g. self-esteem, attachment style, cognitive suspiciousness, responses to stress and empathy). However, the SIP's focus on cognitive processing, to the exclusion of other contributing characteristics, limit theoretical explanations of these harmers. This study has shown that other characteristics, beyond the scope of SIP, are key determinants of child harmers. The influence these characteristics have on the cognitive processing of maltreating parents is unknown and further work is required to understand the role these factors have in identification, evaluation and assessment of situationspecific information by the maltreating parent. Future studies should also examine how modification of these characteristics would impact on hostile beliefs and maltreatment outcome. Whilst the SIP is a popular model to explain child physical harm, it was originally designed to account for general child harm not serious child harm, therefore it may not be a suitable structure to explain severe child harmers. However, the cognitive processing outlined in the SIP is useful and likely relevant to offense-specific explanations for these child harmers. Thus, future examinations should examine if the cognitive processing in serious child harmers, differs from that of lower harm groups. The SIP evolved from empirical studies based on mothers only and lower harm cases not serious harm (etiological and individual), therefore factors identified as increasing risk in lower harm cases or mothers may differ from those in serious harm cases.

The findings from this study justify the development of an offense-specific theoretical model to explain serious child harm instead of using broader models of explanation (GAM, Anderson & Bushman, 2018; SIP, Milner, 1993). Existing models fail to include important characteristics, such as attachment style, empathy or stress responses that typified the child

harmers in this study. In the absence of any offense-specific explanation for serious child harmers, reliance on general explanations of aggression or general physical harm theories runs the risk of failing to identify relevant etiological and individual factors for identifying the most dangerous parents. Therefore, an offense-specific theoretical structure for testing and to support further investigations is proposed (figure 1).

# A new model to explain serious child harmers

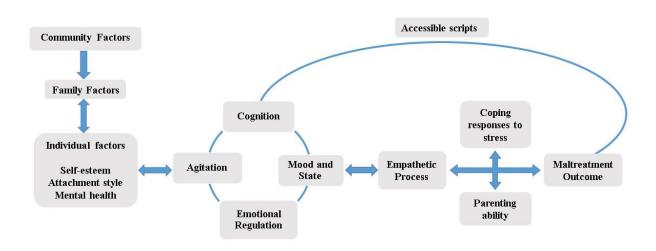


Figure 1: An offense-specific model for serious child harm

There are valid criticisms of previous psychiatric models to fully explain child harmers because it is widely recognized that individual factors alone cannot account for serious harm to children (Belsky, 1980; 1993; Cicchetti & Rizley, 1981). Thus, identification of etiological risk factors is important in determining overall risk of harm (Belsky, 1980, Cicchetti & Rizley, 1981). For the serious child harm group, assumptions should not be made that etiological family or community risk factors in these cases (e.g. murder, manslaughter) which are generalized from studies on lower harm (e.g. harsh discipline) or mothers, without the relevant empirical support. Successful examination of these individual factors should recognize that they operate within the

context of family and community factors (e.g. low social support, financial difficulties, multiple siblings) and any assessment of individual factors should be examined in relation to the wider context of etiological influences, as proffered by the cumulative risk models (Begle, Dumas, Hanson, 2010; Fuller-Thomson & Sawyer, 2014). Future studies should identify family and community factors that are offense specific, for example, non-biological carer in the home and paternal assessments of depression/anxiety (family) or relationship with family GP (community). Therefore, the proposed model considers the influence that community factors can have on increasing the risk of maltreatment, for example, in this study child harmers appear to be lower in socio-economic status compared with adult harmers, which can increase the likelihood of residing in disadvantaged communities that have problematic social issues (e.g. unemployment or violence) and as such can increase stress upon the family. The model does not provide an exhaustive list of relevant community factors because there is a lack of knowledge regarding these child harmers. However, future work could include analysis of national child death review outcomes, as these are likely to contain supportive evidence for relevant community factors.

Community factors, such as, poor socio-economic environment impact family factors that could include: financial difficulties, parenting stress, poor social support, chaotic home life and problematic interpersonal relationships. Therefore, the proposed model includes these as important influencers, that may challenge the parents' ability (good or bad) to respond and it tests these individual factors (e.g. how well equipped they are to cope) because not all parents exposed to etiological risk factors maltreat their children. For example, high stress in the family environment may not lead to an increased risk of maltreatment if the parent possesses active coping responses to stress and a secure attachment style, as such a parent is better equipped to respond appropriately in a parenting context.

The model proposed considers individual characteristics, in addition to beliefs of children, and the processing of social factors. The important discriminator characteristics of child harmers in this study may have preexisted the family setting or be a result of the family setting and include low-self-esteem and an insecure anxious attachment style. Both seem to play key roles in child victimization in which the child harmer holds a poor self-view (low-self-esteem) and demonstrates difficulty in close relationships (insecure attachment style) characterized by elevated anxiety. These individual factors identified by this study are not an exhaustive list and other unidentified contributory factors may also be relevant. Attachment style is particularly relevant to a family setting where the person exists within immediate close relationships, and how they feel about themselves (e.g. poor view) may affect their ability to cope in more challenging parent/child interactions. This poor self-view may be a preexisting trait they bring to the family group or influenced by the quality of family relationships. Whilst mental illness was excluded from this study, mental wellbeing was self-reported (e.g. depression and anxiety) but not measured. The data collected suggested that the child harmers more frequently reported being diagnosed during their offending period with depression and/or anxiety compared with adult harmers. This may be a factor in models of child harm but is beyond the scope of this study and should be included in future work.

Individual factors may exacerbate the child harmers' hostile beliefs of children. For example, the increased cognitive suspiciousness reported in this study suggests child harmers' provocation stems from their suspicion of the child's motives (e.g. for misbehaving) and may arise from such interpersonal difficulties. These individual factors at the outset of family life could predispose the parent to disadvantages in their ability to successfully navigate their role of parent in the family context, which in turn effects the internal experience of a child harmer (e.g.

cognition, aggravation or mood and state). The internal experience in this proposed model encapsulates the parents' beliefs of the child, family relationships and parenting (cognitive component), their experience of stress/frustration/anger (aggravation), depression/anxiety/feeling ill or having their own needs unmet (mood and state), and propose important internal factors that together may affect the risk of harm. The heightened internal state is undermined by poor emotional control that child harmers demonstrated both in this study (shared with adult harmers) and their offense history with children. These internal factors, either individually or jointly, may interfere with appropriate empathetic responses at the time of offending; post offense the child harmers in this study demonstrated increased victim empathy. The interpretation of a child's emotions and the child harmers' ability to take another's perspective may provide a counter influence on the child harmers' internal experience (e.g. recognizing the child is fearful as opposed to rejecting). Further knowledge of how the empathetic process operates with these offenders may identify important deficits in empathy processing or highlight aspects of a child harmer's internal experience that may disrupt appropriate empathy responses. Outcomes of future work would provide clarity for considering inclusion of empathy in rehabilitation programs.

The model (*figure 1*) shows that the maltreatment outcome could be determined by two influential factors in the parental decision making, namely coping responses to stress and parenting ability (different to parenting knowledge). An important determinant of group membership in this study was that the child harmers' responses to coping with stress, was profoundly poor. The helpless response, typical of behaviorally disengaging from a stressful experience, is likely to cause further deterioration in already difficult child/parent interactions. Furthermore, qualitative findings in this study support the conclusion that child harmers are more

likely than adult harmers to select inappropriate parenting strategies, and therefore are less capable of making effective parenting decisions. These two factors that differentiate between adult and child harmers support their use as unique child harmer factors affecting their decision making and subsequent maltreatment outcome. Frequent maltreatment that is repetitive until the child is deceased or requires urgent medical care is typical of serious harm cases (Sidebotham, 2009, 2011, Kemp et al, 1962). To explain this frequently noted offense pattern, the model includes Anderson & Bushman's (2002) proposal that repeated use of hostile scripts make them more accessible.

Aspects of this new model draw on features of the GAM (arousal and affect components) to explain general aggression and the SIP (cognitive processing) to explain general child harm but it retains a focus on an offense-specific structure, allowing inclusion of factors determined as important in this body of work to explain the behavior of serious child harmers. Whilst this model proposes some direction between factors, this is a tentative proposition and as yet empirically untested, therefore future work should test the model to determine the directional relationship between them, as well as identify additional unknown factors.

### The benefit of understanding individual risk factors in child maltreatment

Research in predictive risk of maltreatment supports the view that cumulative risk models that identify multiple risk factors can offer the best predictive power of maltreatment (McKenzie, Kotch & Li-Ching Lee, 2011). Factors at individual, family, community and cultural level should be assessed to determine how they function in the context of one another (Begle, Dumas & Hanson, 2010). Findings in this study provide the first step to further understand the individual factors that may inform these models of risk and contribute to existing efforts to predict the likelihood of risk of harm to children. Currently, the cumulative model approach does not

recognise nor evaluate risk factors identified to be important determinants in this study (e.g. anxious attachment, stress response, self-esteem or cognitive suspiciousness). Inclusion of these factors in the model could support front line practitioners in efforts to decrease risk by helping to identify individuals with anxious attachment style or poor responses to coping with stress. For example, secure attachment style can act as a mediator of violence (Oligivie, 2014) and modify the quality of existing close relationships, thereby increasing self-esteem and experience of social support. It is considered important for parenting (Jones et al, 2015) and improving emotional regulation (Mikulincer & Shaver, 2007). Recognising deficits in these factors in at risk individuals can help tailor the support offered by practitioners seeking to prevent harm to children at risk. Within existing knowledge to predict maltreatment, a cumulative model of risk is considered an effective approach (Begle et al, 2010). However, to effectively target the complex treatment needs of these at risk parents, a more qualitative understanding of these individual factors is needed.

### **Implications for research and theory**

Theoretical models of explanation of child harm have made assumptions of child harm as a continuum of poor parenting gone wrong (Azar, 1998, Milner, 1993). While the findings of this study support parenting capability as relevant, other factors (e.g. attachment style, empathy, cognitive suspiciousness) were found to be important determinants of child harm. The categorisation of child harm by severity in this study has proven helpful in gaining further knowledge of this subgroup and future studies will likely benefit from a similar approach. There has been marginal attention to identifying sub groups or categories (Hiraoka et al, 2016), although such an approach offers promise and is justified when building comprehensive understanding of the most dangerous parent. However, caution should be taken with exclusive

categorisation or subgroup examination because it risks researchers adopting too narrow a focus that may unintentionally exclude risk factors relevant to general physical harm. Instead it may be more useful to broaden consideration of wider factors (e.g. motives to aggress, victim characteristics and family dynamics) when subgroups appear evident (e.g. serious physical harm, personality disorders or severe deficits in key personality characteristics), to more accurately align offense-specific explanations and theoretical assumptions with different offending groups. Examining physical harm on a continuum may be appropriate for lower to medium harm cases where important discriminators may be due primarily to poor parenting capabilities. However, such an approach was not appropriate for the high level of risk posed by child harmers in this study, because these men are considered and treated in current processes as violent offenders. Providing clear definitions of different offending groups allows data from empirical studies to improve offense specific theoretical explanations, thereby potentially improving the effectiveness of interventions applied by overstretched resources (e.g. child protection practitioners, researchers and policymakers) tasked to identify, manage and rehabilitate the most dangerous parent.

Future work should consider definitional difficulties (Giovanni, 1989, Cicchetti & Barnett, 1991) and methodological approaches (Cicchetti & Rizley, 1981; Cicchetti & Carlson, 1989; Gelles, 2017). In severe harm cases, professionals, such as medical, law enforcement or academic staff generally concur with legal definitions of harm (Cicchetti & Barnett, 1991) and these can be employed by researchers for consistency. This study did apply legal definitions of harm to identify the level of harm and objectively categorise these parents (e.g. actual bodily harm escalating to murder). In the absence of an existing framework, research should adopt legal definitions to help provide clarity on which children are most at risk and which parents require

intervention. Sharing definitions ensures that knowledge becomes more easily applicable to existing theoretical explanations, policy design and practitioner training, and prevents findings from low harm studies (poor parenting) being used erroneously to explain parents who cause severe harm. A frequent research oversight in these cases is the recurrent examination of mothers, despite fathers being the most frequent physical harm offender (Frodi & Lamb, 1980; Hildyard & Wolfe, 2002; Wolfe, McMahon & Peters, 1997). Gender is an important factor for the GAM (Anderson & Bushman, 2002, 2012) and in child harm cases gender differences can help identify different offending groups, which are also reflected in legal definitions of harm. For example, infanticide is most commonly perpetrated by women not men.

Examining hard to reach groups such as child harmers, who are willing to honestly engage, is an important area of research. There are numerous challenges to overcome to undertake such studies. Participants can be difficult to identify in prisons due to inconsistent data systems; prison governors and security staff are cautious to permit researchers access and prisoners can be reluctant to engage. Child harmers often experience social stigma from other prisoners so are often living anonymously within prison general populations and attending rehabilitation programs with adult harmers, despite their different characteristics and needs as demonstrated by this study. There are currently no offense-specific treatment programs that enable support or connection with others or that addresses the complex needs evidenced in these findings. The result is that they continue to lack supportive relationships and are fearful of harm from other prisoners. The establishment of an offense-specific rehabilitation program would enable confidential dialog for these prisoners and an opportunity to address their specific needs. Furthermore, such offense-specific programs would help provide researchers access to larger groups of participants and an opportunity to trial different methods of examination (e.g. implicit

testing) than self-reported measures that are encumbered by their own methodological weaknesses, which may hinder the development of offense-specific theories.

Future work should consider observer reports of child harmers to broaden methodological approaches of examination and reduce measures reliant on self-reporting. Prior to serious harm occurring, these children and their carers will generally have interacted with health professionals and these frequently documented interactions offer an opportunity to examine independent observable data. Such data could allow for examining offense-specific theories with post offense knowledge of family characteristics and observed attachment relationship with the child. Researchers should thematically review child death serious case reviews (SCR) as they are rich in offense data and contain relevant information to help identify individual, family and community factors that may have contributed to the offense. SCRs contain family interactions and health professionals' experiences of the family. For example, the Baby Peter case review (Local safeguarding children's board, Haringey, 2009) highlighted a failure by professionals to challenge the parents and identified that 'the uncooperative, anti-social and even dangerous parent/carer is the most difficult challenge for safeguarding and child protection services' (p.24). The existing knowledge present in practitioners' reports is often an untapped source of data and forensic interviewing of those directly involved with such families may provide observer data to integrate into the wider learning gained from empirical studies.

Future gains in theoretical explanations could be supported with greater attention to the use of control groups. The frequent lack of control groups in child harm studies has been a noted shortcoming of previous research (Karlson, 1991), and to address this the present study compared child harmers with adult harmers. Serious adult harmers were chosen as the control group because existing interventions and treatments do not recognise differences between them

and child harmers. In contrast, existing research makes the assumption that child harmers are simply inadequate parents rather than violent offenders. The shared characteristics found here challenge the perception of inadequate parenting among child harmers and identify unique characteristics that lend support to different treatment needs compared with other violent offenders. However, future work would benefit from comparing these child harmers with normal populations to determine the extent and magnitude of differences and identify which individual factors might be important for use as cumulative risk assessment tools by practitioners charged with detecting the most dangerous child harmers in normal populations. (Baby P, second executive summary of the serious case review, 2009; Ezpeleta et al, 2017; Letson et al', 2016).

## **Implications for practitioners**

Practitioners tasked with detecting and preventing harm are reliant on accurate risk assessment tools. These tools should be determined by existing knowledge of the relevant offender type and offense characteristics. Detection and prevention is particularly difficult in cases with very young victims, especially when there is a lack of contact with external parties outside perinatal health care or general medical settings. For example, in this study the findings from the child harm group, such as, socially acceptable parenting responses and demonstration of empathy, undermine some existing paediatric guidance for detection of risk and/or harm such as the parent demonstrating a coldness and/or detachment to the child (Ezpeleta et al, 2017).

Furthermore, with current guidelines, missed opportunities for prevention have been documented (Letson et al, 2016). Further research to develop an offense-specific explanation would benefit from working with practitioners to identify investigative opportunities to aid effective clinical decision making (van der Put, Assink, Boekhout van Solinge, 2017). An example of intervention that may help prevent child harm due to factors found in this study is the recent proposal of

attending to paternal depression and promoting the father's involvement in early home visits (Guterman, Bellamy & Banman, 2018). Such intervention should be valuable as evidence indicates that even when practitioners suspect child maltreatment has occurred, a referral to child protective services is not always completed (Letson et al, 2016). Availability of a validated risk assessment tool may help increase referrals to child protective services where appropriate. Furthermore, in the course of their career, individual paediatricians infrequently come into contact with these particular child harmers (Dr Alison Belfitt, Consultant Paediatrician, personal communication, March, 2016) so they are overly reliant on risk assessment tools to support professional decision making. Therefore, comprehensive research findings which provide empirical evidence are essential to improve these tools to support decision making. Future work should develop and validate tools and monitor their impact on child protection services.

Police tasked with investigating these referrals, concerning parents or carers who harm children, lead joint investigations with a designated child protection pediatrician and social services. During these investigations medical evidence is used to determine the time frame in which the child was seriously injured. Frequently, a number of adults may have had access to the child at the time of their injury/injuries (e.g. mother, father, extended family members, babysitters or staff in child care settings). Police interviews with these parents are important and offer an opportunity to identify the perpetrator, who is often reluctant to engage with the investigation. There are tangible benefits to the use of offense-specific models to guide police interviews with specific offender and victim profiles increasing the probability of confession during interviews (Beauregard, Busina, & Healey, 2017). The manner in which interviews were conducted with sex offenders changed concurrently with development of academic research of these offenders, allowing early impact of the greater understanding of the offenders and thereby

providing guidance to those investigations. For example, the mentor forensic services in the UK teach practitioners how to engage the sex offender, apply offense-specific theory to interviewing and profile offenders using behavior analysis tools to design interview strategies (Mentor Forensic services, 2018). Similar guidance does not exist for child harmers due to a lack of knowledge of these offenders. Further research should examine the benefit in providing guidance in offender interviewing by applying discourse analysis methods to participant interviews. These practitioner difficulties are not unique to the United Kingdom, as Thomas Roer, specialist Dutch police trainer explained "the problem with these offenders is they say nothing in interview and won't engage with us" (personal communication, October, 2017)

Detecting parents at risk of committing serious child harm cannot rely on individual factors alone, as research on ecological risk factors demonstrate (Belsky, 1980; Cicchetti & Rizley, 1981, Cicchetti, Toth & Maughan, 2000). Ecological factors relevant to the child harm group can inform practitioners what information should be shared during joint agency working (e.g. recent job loss, home repossession) in addition to individual factors and to help increase the accuracy of risk assessment tools. For example, early concerns for a child may be determined by social workers or health visitors as either a child in need or inadequate parenting, when in fact, combined etiological and individual factors may suggest a serious threat to the child's life. Therefore, differentiating family, community and individual factors relevant to child harmers and understanding how they influence each other (e.g. stress and coping responses) can support the development of cumulative models to determine risk, considered an effective approach (Begle, Dumas & Hanson, 2010). Evidence supporting the impact of offense-specific models on practitioners working practices is provided in changes to managing domestic partner abuse (Slep O'Leary, 2001). On average two women in the UK are murdered weekly by their partner

(Bridger, Strang, Parkinson, & Sherman, 2017), however, due to improved offense-specific knowledge of offender, offense, victim and etiological factors, multi-agency risk assessment conferences were established to support practitioners in the sharing of information that could identify appropriate risk levels (high, medium and low) and employ risk reduction strategies (Robinson, Myhill, Wire, Roberts & Tilley, 2016)

### Offender rehabilitation and recidivism

The rehabilitation of child harmers is neglected in the UK, with no offense specific treatment programs and this study demonstrates they have unique characteristics that need to be addressed (e.g. stress response or attachment style). Currently in the United Kingdom, child harmers attend general violent offender programs with adult harmers (e.g. thinking skills program). These are usually cognitively driven but do not target child-specific cognitions, relevant to this child harm group and do not attend to parenting capabilities, attachment style, empathy and cognitive suspiciousness therefore neglecting unique factors demonstrated by child harmers in this study. Existing research suggests offense-specific models are more effective in supporting rehabilitation programs (Gilbert & Daffern, 2010). For example, attachment style is not included in violent offender programs (underpinned by the GAM) but is included on domestic partner programs (underpinned by offense-specific explanations) and as such the domestic partner program has enjoyed some success in rehabilitating these perpetrators (Lawson, Barnes, Madkins & Francois-Lamont, 2006). In cases of general physical harm, parenting programs have proven to be effective with at risk parents attending such courses (Vlahovicova, Melendez-Torres, Leijten, Knerr & Gardner, 2017; Chen & Chan, 2016). This suggests that serious child harmers may benefit from a rehabilitation program that is offense-specific and designed address their specific and complex needs.

Should a child survive the attack of a parent, even with life changing injuries, under the children and Young Persons Act 1933, s.1 (1) the maximum sentence they can receive is ten years. It is not uncommon for these parents to be released earlier and in the absence of appropriate treatment or post offense management, some do re-offend (Home office working group, personal communication, 2016. Offense-specific evidence can improve risk assessment tools that are used by parole boards in determining a child harmers' release. These are also used to determine the child harmers' management post release under multiagency public protection arrangements (MAPPA). Disparity between the management of child physical harmers compared to child sexual harmers is evident in management post release. Under the MAPPA process (chaired by probation and working with police), sexual offenders are subjected to a number of risk management strategies that include notifying the authorities of their address or a record of movements, and these provisions are informed by risk assessment tools. However, in the UK offenders who seriously harm or murder a child are evaluated in the MAPPA process as level 2 offenders (e.g. anyone convicted of a violence offense and sentenced to more than 12 months) and are not differentiated from adult harmers, whereas sex offenders are differentiated as level 1 offenders and managed with bespoke systems and processes, appropriate for their offense specific needs. This study has demonstrated child harmers are different from adult harmers, therefore it may not be optimal to employ similar assessment and monitoring processes to adult harmers.

In general, future research on child harmers should consider the theoretical developments in research on sexual offending against children or domestic partner abuse. Theoretical advancements in understanding these offenses have significantly impacted policy, procedure and practice that have worked to improve public safety. It is hoped that the new knowledge offered

by this body of work encourages researchers to test and examine the proposed model to further advance understanding of this form of offending and improve the prevention and detection of serious harm against children, and the rehabilitation and risk management of these child harmers.

### **Study limitations**

This was an exploratory study that made no specific predictions but sought to develop knowledge on the beliefs and person characteristics of men who seriously harm children under the age of five. This study included participants who voluntarily agreed to provide data and despite approximately fifty child harmers being approached only twenty agreed to take part. As a result, it is possible that fathers or father figures who felt remorse and regret after their offending were the group most likely to take part in this study, because many participants expressed feelings of shame and guilt during interviews. Therefore, this study may have unintentionally identified one subgroup within the serious child harm group and further research is needed to establish if this was the case. Many fathers spoken to did not want to participate in the study possibly because they did not want to discuss their index offense. It can be argued that this demonstrates a lack of victim empathy and remorse.

Participant numbers of child harmers were lower than the original study plan intended, despite the sample size representing 8% of the incarcerated population (National Offender Management system, 2013) a wider pool of data are needed to establish the reliability and validity of the study's results. The self-reported data collected from participants presents challenges typical of this methodology, specifically, bias due to difficulties of recollection and partiality in perspective, particularly given the sensitive topic of discussion. Future work would benefit from using alternative methods of examination. This limitation in the study design should be taken into consideration when using the results.

#### **Future directions**

This was the first exploration of men who have seriously harm children to my knowledge. Therefore, a broad assessment, guided by existing child harm research, was carried out to establish their beliefs on children and parenting and the characteristics of men who seriously harm children. The findings of this study identified important differences between the adult and child harmers and future studies should examine these differences to provide further empirical support for their presence and relevance. This body of work was limited by the number of measures that were reasonable to expect a participant to complete. Excluded measures such as measures assessing psychopathy and a general empathy measure (Davies, 1980) are worthy of investigation in future studies. The findings of this study underpin a proposed new model of explanation of child harmers. How individual factors interact with or are modified by empathetic responses is an important component of the proposed model. Future refinement of the model should include additional empirical evidence regarding the empathetic response.

The interviews in this study identified key themes in the thought processes of adult and child harmers. These indicated that child harmers' perceptions of children differ from that of adult harmers'. Future work could focus on child-specific cognitive deficits in child harmers because research shows that child harmers have unrealistic expectations of children (Milner, 1993). For example, a child's misbehavior originates from a dislike of the perpetrator or a preference for the mother (Chapter 4). This may require differentiating the psychological mechanisms between biological and non-biological fathers' offense processes because, as noted above, outcomes differ according to whether the victim is biologically or non-biologically related to the offender. Although these arguments are theoretical, our findings suggest that these men appear to have highly complex needs that may be more comprehensively addressed with

offense specific treatment. However, as this study was exploratory it did not examine causality and so determining the direction of the relationships between hostile scripts and person characteristics will need further detailed examination.

For example, it may be helpful to empirically test the existence of hostile beliefs in child harmers and compare them to the beliefs of those parents/carers who commit less serious child harm. Identifying whether specific narratives and/or thoughts of children differ between low harm and severe harm parents/carers may help to determine whether prevention and rehabilitation treatment paradigms should continue to focus on cognitive processing or switch attention to other characteristics. For instance, whether a higher proportion of severe harm parents/carers hold more distorted beliefs about children than lower harm parents may suggest a focus on cognitive processing is valuable. If there is no difference in beliefs between the two groups then other characteristics that are different between the groups may be more informative

The findings of this study particular to child harmers (e.g. stress response of behavioral disengagement) compared with adult harmers may be typical of all those who hurt children or may only be relevant to child harmers. Understanding how child harmers differ from adult harmers is useful to improve existing systems and processes (e.g. offender rehabilitation and management) that do not differentiate between these groups. However, to progress our understanding of child harmers, examination of the beliefs and characteristics of serious child harmers and comparisons with normal population and lower harm parents/carers is necessary to further develop offense-specific explanations.

The offending pattern of these fathers usually involved harm on more than one occasion to the same victim, however, it is possible these fathers have committed harm to other unknown children. Further work should seek to establish if this offending forms part of a wider pattern of

child harm (specific offending) and/or is connected to more generalized offending behaviour (general offending). This broader knowledge may assist with helping front line practitioners identify at risk parents in the child protection community.

None of the participants in this study were single parents and so future research needs to consider the implication of co-offenders, specifically, neglectful and complicit mothers. In these cases, male carers were provided an 'opportunity to offend'. Despite the fact that injuries or pain to the victim would have been evident to the mother, it is unclear why they had failed to protect the child. An explanation may be domestic partner abuse, however, this was excluded from the studies design. Domestic partner abuse is considered to share risk factors with child harm (Gilbert et al, 2009; Sidebotham, 2011; Slep et al 2001), however, by eliminating it from this study it suggests that other factors, such as the role of the mother, may contribute to the harm outcome and this needs further exploration.

#### **Conclusion**

A literature review of existing theoretical explanations of child harm highlighted a lack of knowledge regarding male child harmers, despite them being the most frequent perpetrators (Gilbert et al, 2009, Sidebotham et al, 2011). This body of work identified new findings that child harmers share characteristics similar to adult harmers (e.g. avoidance in attachment style, emotional control, and moral disengagement of parenting, anger and provocation) and this challenges the widely held belief that serious child harm is simply a result of poor parenting gone wrong. Important discriminators differentiating the groups (empathy, self-esteem, cognitive suspiciousness when angered, anxious attachment style and responses to stress) provide evidence that child harmers have unique and complex needs that hitherto have been unknown. In interviews, both groups had reasonable knowledge of the role of a parent and what constitutes a

good and a bad parent but despite this, child harmers were more likely to select inappropriate parenting strategies. Child harmers and adult harmers demonstrated different views of children. Adult harmers perceived children as innocent and unknowing, while in contrast, child harmers viewed children as rejecting them or preferring the mother and negatively personalized challenging child behaviors (e.g. crying or unsettled).

The novel findings of this study show that existing models of explanation regarding aggression and child harm are not suited to explaining these child harmers. Therefore, a proposal for a new theoretical model of explanation is given to support future work in developing offense-specific knowledge of these child harmers. This body of work and proposed model begins to address the lack of knowledge of these parents, however, more work is required.

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# **Appendices**

#### **Appendix A: Participant Information Sheet**

Aims of the study

I would invite you to participate in the study, which is concerned with understanding your thinking and experiences with others. This includes your experiences growing up and some of your views on relationships, others and violence. I am interested in seeing the world from your perspective.

Why I am doing the research?

The research is being undertaken as part of a PhD in Forensic Psychology at the University of Kent. It is hope that the information gathered, will help professionals in preventing and treating people, who may be at risk of being involved in similar future events.

What will you have to do if you agree to take part?

We will arrange to meet at a time that is convenient to you in a confidential setting. The start of our meeting will involve me asking you some questions and be mainly conversation based. This should take no longer than an hour.

Following on from that I will ask you to complete a number of questionnaires that should take less than an hour to complete.

This meeting is a one off event and you should not need to meet with me again. I will produce a summary of the findings which I will be more than happy to send you if you are interested.

Throughout our meeting you will be supported with regular breaks and refreshments.

The Advantages of taking part

You may enjoy talking about life, your experiences and sharing some of the information. It may be interesting to you. Once the study is completed, some of the information gathered, may help professionals to provide improved care to those in your situation or similar.

Risks/discomforts involved in participating

It could be that you are not comfortable with talking about some aspects of your childhood and other relationships. There is no obligation to talk about anything that you do not wish to, you are free to decline discussion on any such issues.

Confidentiality of your data

If you agree to take part, your name will not be recorded on the questionnaires and the information you provide will not be identifiable to you and recorded on a digital encrypted recorder. Personal information will not be make publicly available or given to any other person, it may be confidentially stored by the University for up to 5 years. I will not have access to your medical records. You can be assured if you take part in this research you will remain anonymous.

Remember that participation in this research study is completely voluntary. Even after you agree to participate and begin the study, you are still free to withdraw at any time and for any reason. If you would like a copy of this consent form to keep, please ask the researcher. If you have any complaints or concerns about this research, please direct these to the prison establishment you are currently resident.

#### Appendix B: Participant debrief sheet

This study was an investigation into the beliefs and key personality characteristics of men who use violence against children and adults. Many men are convicted of violence related offenses, most to adults only. This explored the differences in psychological pathways of men who were violent to adults only and those who were violent to children. We want to identify any potential key differences between the two groups.

So this study had two parts, The first qualitative data gathering involved an interview to explore the following areas: Life history; parental attachment behaviors; relationships with others; beliefs on parenting; beliefs on children's behavior and discipline; evaluation of the circumstances surrounding the incident for which convicted; use of alcohol/drugs during prior to the incident; beliefs surrounding the child (or adult) particular to the incident for which sentenced; beliefs regarding children (or other adults) generally; desired outcome when using violence as a means to resolve an issue; beliefs of violence and it's use; intimate partner violence generally; internet/games/TV preference both generally and around the time of relevant incidents.

The second part of the study used quantitative data gathering, in the form of questionnaire completion. These assessed self-esteem; responses to stress; emotional control; attachment style; social desirability response; anger and provocation reactions; empathy capability specific to children; general empathy capability and moral disengagement of parenting.

We anticipate examining the relationship between differing belief systems with attachment style; self-esteem and empathy. There may be differences in these relationships, between those violent to children and those violent to adults only. It is thought that the differing beliefs and

experiences with others may inhibit or interfere with the empathetic process. The outcomes of response to stress; emotional control and anger/provocation reaction may also hold variations in patterns between groups, and may be influenced by attachment style and child hood experiences.

Some of the discussions may have left you with difficult feelings from your childhood. If this is the case, support can be available from the following helplines:

Samaritans UK – 08435574314.

Survivors UK (for male rape and sexual abuse) – 08451221201 (see their website <a href="mailto:info@survivorsuk.org">info@survivorsuk.org</a> for what times/days of the week the phone lines are operating as they change every two months).

Support line 01708 765200 – this offers emotional support to adult survivors of abuse.

Please contact Dr Jane Wood at the following email address: J.L.Wood@kent.ac.uk or 01227 823037 and Tara Dickens at td209@kent.ac.uk if you have any questions regarding this study.

Thank you again for your co operation

# Appendix C: Demographic measure

Please tick the response that applies to you. Thank you.
1/ what was your age at the time of the offense for which you have been sentenced?
2/ what is your age now?
3/ Ethnicity origin (or Race): Please specify your ethnicity.
1. White
2. Hispanic or Latino
3. Black  4. Mixed race
5. Asian
6. Other
4/ Education
Education: What is the highest degree or level of school you have completed? If currently
enrolled, highest degree received:
1. None

2. CSE	
3. GCSE	
4. A-Level	
5. University Level	
6. Professional Qualifications	
5/ during the time you have w	orked, what has been your average annual income?
1. I haven't worked	
2. Under £5000	
3. £5000 - £10 000	
4. £10 000 - £15 000	
5. £15 000 - £20 000	
6. £20 000 - £30 000	
7. More than £30 000	
6/ How would you describe th	e area you lived in at the time of the offense for which you are
sentenced, e.g. town, city, rura	al etc.?
1. Town	
2. City	
3. Rural	

4. Suburban	
7/ at the time you commit	ted the offense for which you are sentenced, what was your
relationship status?	
1. Single	
2. Partner/common law	
3. Married/Civil partnersh	ip
4. Divorced/Widowed	
8/ In the box below, please	e can you briefly record offenses you have been charged with and/or
convicted of?	
9/ what if any mental heal	th illness have you been diagnosed with in the last 10 years? For
example; depression, anxi	ety etc. Please complete the box below.
1. None	
2. Depression	
3. Anxiety	

4. Depression & Anxiety
10a/ at the time of the incident for which you were sentenced were you using any legal or illegal
drug?  1. No
2. Yes
10b/ Please describe any drug use in the box below, for example, what you were taking and how
often?
11/ How would you describe your use of alcohol during the incident (s) for which you have been
sentenced? For example, how often and how much would you drink, if at all?
1. No alcohol
2. Drank a little
3. Drank moderately
4. Drank excessively

12/ how long is the cu	arrent sentence you are serving?
13/ at the time of the	incident for which you have been sentenced, can you indicate which best
describes the level of	social support you felt you had, from family and friends?
1. Very few people I	could ask for help/turn to
2. Some family I coul	d turn to for help
3. A few friends I cou	ld lean on for support
4. Lots of family and	friends around me to help
14/ Can you describe	your physical health at the time of the incidents for which you have been
sentenced, for example	le, any health problems requiring Dr or hospital appointments or
medication?	
1. Very bad health	
2. Health problems	
3. Average	
4. Mostly fine	
5. Great Health	

### Appendix D: Experiences in close relationships Measure

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement

	Strongly d	lisag	ree	S	tron	gly A	Agree	
1. I often worry that my partner will not want to sta	y							
with me.	1	2	3	4	5	6	7	
2. I often wish that my partner's feelings for me wer	re							
as strong as my feelings for him or her.	1	2	3	4	5	6	7	
3. I worry a lot about my relationships.	1	2	3	4	5	6	7	
4. When I show my feelings for romantic partners,	I'm							
afraid they will not feel the same about me.	1	2	3	4	5	6	7	
5. My romantic partner makes me doubt myself.	1	2	3	4	5	6	7	

6. I do not often worry about being abandoned.	1	2	3	4	5	6	7
7. Sometimes romantic partners change their feelings							
about me for no apparent reason.	1	2	3	4	5	6	7
8. It makes me mad that I don't get the affection and							
support I need from my partner.	1	2	3	4	5	6	7
9. I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
10. I feel comfortable sharing my private thoughts and							
feelings with my partner.	1	2	3	4	5	6	7
11. I worry that romantic partners won't care about							
me as much as I care about them.	1	2	3	4	5	6	7

12. I find it difficult to allow myself to depend							
on romantic partners.	1	2	3	4	5	6	7
13. I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
14. I don't feel comfortable opening up to romantic							
partners.	1	2	3	4	5	6	7
15. I get uncomfortable when a romantic partner wants							
to be very close.	1	2	3	4	5	6	7
16. I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
17. I worry that I won't measure up to other people.	1	2	3	4	5	6	7
18. It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7

19. I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
20. I usually discuss my problems and concerns with my							
partner.	1	2	3	4	5	6	7
21. I'm afraid that once a romantic partner gets to know me	<del>)</del> ,						
he or she won't like who I really am.	1	2	3	4	5	6	7
22. It helps to turn to my romantic partner in times of need	. 1	2	3	4	5	6	7
23. When my partner is out of sight, I worry that he or she							
might become interested in someone else.	1	2	3	4	5	6	7
24. I tell my partner just about everything.	1	2	3	4	5	6	7
25. I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
V 1							

26. I find that my partner(s) don't want to get as close							
as I would like.	1	2	3	4	5	6	7
27. I talk things over with my partner.	1	2	3	4	5	6	7
28. I rarely worry about my partner leaving me.	1	2	3	4	5	6	7
29. I am nervous when partners get too close to me.	1	2	3	4	5	6	7
30. I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
31. My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7
32. I find it easy to depend on romantic partners.	1	2	3	4	5	6	7
33. My desire to be very close sometimes scares people							
away.	1	2	3	4	5	6	7

- 34. it's easy for me to be affectionate with my partner. 1 2 3 4 5 6 7
- 35. I prefer not to be too close to romantic partners. 1 2 3 4 5 6 7
- 36. My partner really understands me and my needs. 1 2 3 4 5 6 7

### **Appendix E: Self-esteem measures (CSFEI)**

We want you to answer the following questions the way *you* feel. There are no right or wrong answers. Don't take too much time answering any one question, and do try to answer them all. Try to pick one response for all the questions, which most represents you, and not leave any blanks.

	Not to	me	Very true of me				
1. You have only a few friends	1	2	3	4	5	6	7
2. You happy most of the time	1	2	3	4	5	6	7
3. You do most things as well as others	1	2	3	4	5	6	7
4. You like everyone you know	1	2	3	4	5	6	7
5. You spend most of your free time alone	1	2	3	4	5	6	7
6. You like being a male	1	2	3	4	5	6	7
7. Most people you know like you	1	2	3	4	5	6	7
8. You are usually successful when you attempt							
important tasks or assignments	1	2	3	4	5	6	7
9. You have taken something that did not							
belong to you	1	2	3	4	5	6	7
10. You as intelligent as most people	1	2	3	4	5	6	7

11. You feel you are as important as most people	1	2	3	4	5	6	7
12. You are easily depressed	1	2	3	4	5	6	7
13. You would change many things about yourself							
if you could	1	2	3	4	5	6	7
14. You always tell the truth	1	2	3	4	5	6	7
15. You are as nice looking as most people	1	2	3	4	5	6	7
16. Many people dislike you	1	2	3	4	5	6	7
17. You are usually tense or anxious	1	2	3	4	5	6	7
18. You are lacking in self-confidence	1	2	3	4	5	6	7
19. You gossip at times	1	2	3	4	5	6	7
20. You often feel that you are no good at all	1	2	3	4	5	6	7
21. You are as strong and healthy as most people	1	2	3	4	5	6	7
22. Your feelings are easily hurt?	1	2	3	4	5	6	7
23. It is difficult for you to express your views							
or feelings	1	2	3	4	5	6	7
24. Occasionally you get angry	1	2	3	4	5	6	7
25. You often feel ashamed of yourself	1	2	3	4	5	6	7
26. Other people generally more successful							

than you are?	1	2	3	4	5	6	7
27. You feel uneasy much of the time without							
knowing why	1	2	3	4	5	6	7
28. You would like to be as happy as others appear	to be	1 2	3	4	5	6	7
29. You are sometimes shy	1	2	3	4	5	6	7
30. You are a failure	1	2	3	4	5	6	7
31. People like your ideas	1	2	3	4	5	6	7
32. It is hard for you to meet new people	1	2	3	4	5	6	7
33. You sometimes lie	1	2	3	4	5	6	7
34. You are often upset about something	1	2	3	4	5	6	7
35. Most people respect your views	1	2	3	4	5	6	7
36. You are more sensitive than most people	1	2	3	4	5	6	7
37. You are as happy as most people	1	2	3	4	5	6	7
38. Sometimes you are sad	1	2	3	4	5	6	7
39. You are definitely lacking in initiative	1	2	3	4	5	6	7
40. You worry a lot	1	2	3	4	5	6	7

## Appendix F: Anger and provocation measure (NOVACO-PI)

For each statement please circle a response, which best describes how true the statement is to you. From (1) Never True about me to (5) always true about me.

	Never True		Always True			
1. When something is done wrong to me, I am going						
to get angry.	1	2	3	4	5	
2. Once something makes me angry, I keep thinking about	it. 1	2	3	4	5	
3. Every week I meet someone I dislike.	1	2	3	4	5	
4. I know that people are talking about me behind my back	. 1	2	3	4	5	
5. When something makes me angry, I put it out of my min	d					
and think of something else.	1	2	3	4	5	
6. Some people would say I am a hothead.	1	2	3	4	5	
7. My muscles feel tight and wound up.	1	2	3	4	5	
8. When I get angry, I stay angry for hours.	1	2	3	4	5	
9. I walk around in a bad mood.	1	2	3	4	5	
10. If I feel myself getting angry, I can calm myself down.	1	2	3	4	5	
11. My temper is quick and hot.	1	2	3	4	5	
12. When someone yells at me, I yell back at them	1	2	3	4	5	

13. I have had to be rough with people who bothered me.	1	2	3	4	5
14. I feel like smashing things.	1	2	3	4	5
15. When I am frustrated by a problem, I try to find a solution.	1	2	3	4	5
16. I get angry because I have a good reason to be angry.	1	2	3	4	5
17. I can't sleep when something wrong has been done to me.	1	2	3	4	5
18. If I don't like someone, it doesn't bother me to hurt					
their feelings.	1	2	3	4	5
19. People can be trusted to do what they say	1	2	3	4	5
20. I try to see positive things in other people.	1	2	3	4	5
21. When I get angry, I get really angry.	1	2	3	4	5
22. When I think about something that makes me					
angry, I get even more angry.	1	2	3	4	5
23. I feel agitated and unable to relax.	1	2	3	4	5
24. I get annoyed when someone interrupts me.	1	2	3	4	5
25. I am able to stay cool in the face of pressure.	1	2	3	4	5
26. If someone bothers me, I react first and think later.	1	2	3	4	5
27. If I don't like somebody, I'll tell them off.	1	2	3	4	5
28. When I get mad, I can easily hit someone.	1	2	3	4	5

29. When I get angry, I throw or slam things.	1	2	3	4	5
30. When I have a conflict with someone, I speak to that					
person about the problem.	1	2	3	4	5
31. If I lose my temper with someone, it's because they deserved in	t 1	2	3	4	5
32. When someone makes me angry, I think about getting even.	1	2	3	4	5
33. If someone cheats me, I'd make them feel sorry.	1	2	3	4	5
34. People act like they are being honest when they really have					
something to hide.	1	2	3	4	5
35. If someone says something nasty, I can swallow my pride					
and let it go.	1	2	3	4	5
36. When I get angry, I feel like smashing things.	1	2	3	4	5
37. Some people get angry and get over it, but for me it takes					
a long time	1	2	3	4	5
38. I have trouble sleeping or falling asleep.	1	2	3	4	5
39. A lot of little things bug me.	1	2	3	4	5
40. When I get agitated, I can relax by taking deep breaths.	1	2	3	4	5
41. I have a fiery temper that arises in an instant.	1	2	3	4	5
42. Some people need to be told to "get lost".	1	2	3	4	5

43. If someone hits me first, I hit them back.	1	2	3	4	5
44. When I get angry at someone, I take it out on whoever is aroun	d.1	2	3	4	5
45. If I disagree with someone, I try to say something constructive	. 1	2	3	4	5
46. The more someone bothers me, the more I'll get angry.	1	2	3	4	5
47. I feel like I am getting a raw deal out of life.	1	2	3	4	5
48. When I don't like somebody, there's no point in being					
nice to them.	1	2	3	4	5
49. When someone does something nice for me, I wonder					
about the hidden reason.	1	2	3	4	5
50. If someone is bothering me, I try to understand why.	1	2	3	4	5
51. It makes my blood boil to have someone make fun of me.	1	2	3	4	5
52. When I get mad at someone, I give them the silent treatment.	1	2	3	4	5
53. My head aches when people annoy me.	1	2	3	4	5
54. It bothers me when someone does things the wrong way.	1	2	3	4	5
55. I can get rid of tension by imagining something calm and relax	ing.1	2	3	4	5
56. When I get angry, I fly off the handle before I know it.	1	2	3	4	5
57. When I start to argue with someone, I don't stop until they do.	1	2	3	4	5
58. Some people need to get knocked around.	1	2	3	4	5

59. If someone makes me angry, I'll tell other people about them.	1	2	3	4	5
60. I can walk away from an argument.	1	2	3	4	5

Decide how **angry each situation would make you feel** and circle the response which best describes how you would feel.

	Not at all Angry			Very Angry		
1. Being criticised in front of other people for something						
that you have done.	1	2	3	4	5	
2. You see someone bully another person who is smaller or	r					
less powerful.	1	2	3	4	5	
3. Someone keeps making noise when you are trying to						
concentrate.	1	2	3	4	5	
4. People who act like they know it all.	1	2	3	4	5	
5. Being slowed down by another person's mistakes.	1	2	3	4	5	
6. Someone cuts in front of you when you are in line to						
get something.	1	2	3	4	5	
7. You are watching a TV program, when someone comes						
along and switches the channel.	1	2	3	4	5	
8. People who don't really listen when you talk to them.	1	2	3	4	5	
9. You get cold food that is supposed to be hot.	1	2	3	4	5	

10. Someone looking over your shoulder while you are working.	1	2	3	4	5
11. Someone else gets credit for work that you did.	1	2	3	4	5
12. People who think they are better than you are.	1	2	3	4	5
13. Someone makes fun of the clothes you are wearing.	1	2	3	4	5
14. You get singled out for correction, when someone else doing					
the same thing is ignored.	1	2	3	4	5
15. You make plans to do something with a person who backs out					
at the last minute.	1	2	3	4	5
16. People who think they are always right.	1	2	3	4	5
17. Just after waking up in the morning, someone starts giving					
you a hard time.	1	2	3	4	5
18. Someone looks through your things without your permission.	1	2	3	4	5
19. Being accused of something that you didn't do	1	2	3	4	5
20. You lend something to someone, and they fail to return it.	1	2	3	4	5
21. Someone who is always disagreeing with you.	1	2	3	4	5
22. You are hungry and tired, and someone plays a practical					
joke on you.	1	2	3	4	5
23. You are overcharged by someone for a repair.	1	2	3	4	5

24. You need to get somewhere in a hurry, but you get stuck in traffic.1 2 3 4 5

25. You are carrying a hot drink, and someone bumps into you. 1 2 3 4 5

#### Appendix G: Child physical abuse empathy measure

I want you to think about a child who was disfigured in a car accident and had to spend a month in hospital. This child is now out of hospital and will live with a permanent disfigurement.

Part a:

Now I want you to circle the number that best indicates the degree to **which you think this child would be expressing t**he following emotions, thoughts or behaviors.

	Not at all			V	Very much
1. Guilty	1	2	3	4	5
2. Sad	1	2	3	4	5
3. Angry	1	2	3	4	5
4. Self-confident	1	2	3	4	5
5. Nightmares	1	2	3	4	5
6. Fearful of close relationships	1	2	3	4	5
7. Suicidal thoughts	1	2	3	4	5
8. Problems with school work	1	2	3	4	5
9. Fearful of being hurt	1	2	3	4	5
10. Successful at school	1	2	3	4	5
11. More distressed by physical discipline	1	2	3	4	5
12. Well-adjusted attitude to physical discipline	1	2	3	4	5

13. Sleep disturbance	1	2	3	4	5
14. Feelings of loneliness	1	2	3	4	5
15. Withdrawn from others	1	2	3	4	5
16. Tense	1	2	3	4	5
17. Relaxed	1	2	3	4	5
18. Has psychiatric problems	1	2	3	4	5
19. Has low energy	1	2	3	4	5
20. Shows tendency to blame him/herself for all problems	1	2	3	4	5
21. Feelings of helplessness	1	2	3	4	5
22. Argues with others	1	2	3	4	5
23. Fearful of being alone	1	2	3	4	5
24. A tendency to cling to his/her mother	1	2	3	4	5
25. Proud of self	1	2	3	4	5
26. Is in pain	1	2	3	4	5
27. Upset	1	2	3	4	5
28. Feels mistrustful of others	1	2	3	4	5
29. Feels shy around others	1	2	3	4	5
30. Feels depressed	1	2	3	4	5

Part b: This time, indicate how you feel about what this child has experienced.

	Not at all			Ve	ery muc	h
1. Guilt	1	2	3	4	5	
2. Sad	1	2	3	4	5	
3. Angry	1	2	3	4	5	
4. Empowered	1	2	3	4	5	
5. Pain	1	2	3	4	5	
6. Affection	1	2	3	4	5	
7. Upset	1	2	3	4	5	
8. Proud	1	2	3	4	5	
9. Devastated	1	2	3	4	5	
10. Helpless	1	2	3	4	5	
11. Responsible	1	2	3	4	5	
12. Sick	1	2	3	4	5	
13. Good	1	2	3	4	5	
14. Frustrated	1	2	3	4	5	
15. Hopeful	1	2	3	4	5	
16. Trusting	1	2	3	4	5	

17. Ashamed	1	2	3	4	5
18. Disgusted	1	2	3	4	5
19. Curious	1	2	3	4	5
20. Shocked	1	2	3	4	5

I want you to think about a child (boy or girl) who was physically injured by their adult male carer. These physical acts occurred several times over several months, but have now stopped.

Part a:

Now I want you to circle the number that best indicates the degree to **which you think this child would be expressing** the following emotions, thoughts or behaviors.

	Not at all			Very much		
1. Guilty	1	2	3	4	5	
2. Sad	1	2	3	4	5	
3. Angry	1	2	3	4	5	
4. Self-confident	1	2	3	4	5	
5. Nightmares	1	2	3	4	5	
6. Fearful of close relationships	1	2	3	4	5	
7. Suicidal thoughts	1	2	3	4	5	
8. Problems with school work	1	2	3	4	5	
9. Fearful of being hurt	1	2	3	4	5	

10. Successful at school	1	2	3	4	5
11. More distressed by physical discipline	1	2	3	4	5
12. Well-adjusted attitude to physical discipline	1	2	3	4	5
13. Sleep disturbance	1	2	3	4	5
15. Withdrawn from others	1	2	3	4	5
16. Tense	1	2	3	4	5
17. Relaxed	1	2	3	4	5
18. has psychiatric problems	1	2	3	4	5
19. Has low energy	1	2	3	4	5
20. Shows tendency to blame him/herself for all Problems	1	2	3	4	5
21. Feelings of helplessness	1	2	3	4	5
22. Argues with others	1	2	3	4	5
23. Fearful of being alone	1	2	3	4	5
24. A tendency to cling to his/her mother	1	2	3	4	5
25. Proud of self	1	2	3	4	5
26. Is in pain	1	2	3	4	5
27. Upset	1	2	3	4	5
28. feels mistrustful of others	1	2	3	4	5

29. feels shy around others	1	2	3	4	5	
30. Feels depressed	1	2	3	4	5	

Part b: This time, indicate how you feel about what this child has experienced.

	Not at all			Very	much
1. Guilt	1	2	3	4	5
2. Sad	1	2	3	4	5
3. Angry	1	2	3	4	5
4. Empowered	1	2	3	4	5
5. Pain	1	2	3	4	5
6. Affection	1	2	3	4	5
7. Upset	1	2	3	4	5
8. Proud	1	2	3	4	5
9. Devastated	1	2	3	4	5
10. Helpless	1	2	3	4	5
11. Responsible	1	2	3	4	5
12. Sick	1	2	3	4	5
13. Good	1	2	3	4	5
14. Frustrated	1	2	3	4	5

15. Hopeful	1	2	3	4	5
16. Trusting	1	2	3	4	5
17. Ashamed	1	2	3	4	5
18. Disgusted	1	2	3	4	5
19. Curious	1	2	3	4	5
20. Shocked	1	2	3	4	5

I want you to think about your own victim(s), and the experience they had with you.

Part a:

Now I want you to circle the number that best indicates the degree to **which you think this person would be expressing t**he following emotions, thoughts or behaviors.

	Not at all			Very much		
1. Guilty	1	2	3	4	5	
2. Sad	1	2	3	4	5	
3. Angry	1	2	3	4	5	
4. Self-confident	1	2	3	4	5	
5. Nightmares	1	2	3	4	5	
6. Fearful of close relationships	1	2	3	4	5	
7. Suicidal thoughts	1	2	3	4	5	
8. Problems with work	1	2	3	4	5	

9. Fearful of being hurt	1	2	3	4	5
10. Successful at work	1	2	3	4	5
11. More distressed by physical harm	1	2	3	4	5
12. Well-adjusted attitude to physical harm	1	2	3	4	5
13. Sleep disturbance	1	2	3	4	5
14. Feelings of loneliness	1	2	3	4	5
15. Withdrawn from others	1	2	3	4	5
16. Tense	1	2	3	4	5
17. Relaxed	1	2	3	4	5
18. Has psychiatric problems	1	2	3	4	5
19. Has low energy	1	2	3	4	5
20. Shows tendency to blame him/herself for all problems	1	2	3	4	5
21. Feelings of helplessness	1	2	3	4	5
22. Argues with others	1	2	3	4	5
23. Fearful of being alone	1	2	3	4	5
24. A tendency to cling to others	1	2	3	4	5
25. Proud of self	1	2	3	4	5
26. Is in pain	1	2	3	4	5

27. Upset	1	2	3	4	5	
28. feels mistrustful of others	1	2	3	4	5	
29. feels shy around others	1	2	3	4	5	
30. Feels depressed	1	2	3	4	5	

Part b: This time, indicate how you feel about what this person has experienced.

	Not at all			Very much		
1. Guilt	1	2	3	4	5	
2. Sad	1	2	3	4	5	
3. Angry	1	2	3	4	5	
4. Empowered	1	2	3	4	5	
5. Pain	1	2	3	4	5	
6. Affection	1	2	3	4	5	
7. Upset	1	2	3	4	5	
8. Proud	1	2	3	4	5	
9. Devastated	1	2	3	4	5	
10. Helpless	1	2	3	4	5	
11. Responsible	1	2	3	4	5	
12. Sick	1	2	3	4	5	

13. Good	1	2	3	4	5
14. Frustrated	1	2	3	4	5
15. Hopeful	1	2	3	4	5
16. Trusting	1	2	3	4	5
17. Ashamed	1	2	3	4	5
18. Disgusted	1	2	3	4	5
19. Curious	1	2	3	4	5
20. Shocked	1	2	3	4	5

### Appendix H: Moral disengagement of parenting measure

Below are a number of statements about what parents might think about physical punishment of children. Please state how much you agree or disagree with each by indicating the number that shows what you think.

**IMPORTANT**: there are no right or wrong answers we would just like to know what you think

,	Totally Disagree	Totally Agree			e
1. It is alright to physically punish a child who is dist	rupting				
home life	1	2	3	4	5
2. Physically punishing a child is just a way of letting	g them know				
who is in charge	1	2	3	4	5
3. Physically punishing a child is no big deal when y	ou consider that				
others are sexually abusing children	1	2	3	4	5
4. A parent should not be blamed if they use physical	l discipline on				
their child	1	2	3	4	5
5. If people are living in bad conditions, they cannot	be blamed for				
behaving aggressively to children	1	2	3	4	5
6. It is ok to tell small lies because they don't really of	lo any harm 1	2	3	4	5
7. Some children deserve to be treated like little anim	nals 1	2	3	4	5

8. If parents break the law when disciplining children, it is the child	d's									
Fault	1	2	3	4	5					
9. It's alright to physically discipline your child who doesn't do as										
their told	1	2	3	4	5					
10. If a child behaves badly, hitting them is just teaching										
them a lesson	1	2	3	4	5					
11. Hitting your child is not to serious compared to those who										
deliberately murder a child	1	2	3	4	5					
12. If children are deliberately winding you up you cannot be blamed										
for hitting them	1	2	3	4	5					
13. If kids are not physically disciplined, they will think their boss	1	2	3	4	5					
14. Children don't mind being shouted at because it means they										
are getting attention	1	2	3	4	5					
15. It is okay to treat a child badly if they behave like an animal	1	2	3	4	5					
16. If children don't listen it is their own fault if they get hit	1	2	3	4	5					
17. It is alright to use physical punishment if your child is										
behaving badly	1	2	3	4	5					
18. Hitting a child does not count as 'assaulting' them as it is just a	ı way	of sho	wing t	hem w	ho's					
in charge	1	2	3	4	5					

19. It is okay to threated a child with physical discipline because					
assaulting him or her is worse	1	2	3	4	5
20. If both parents decide to physically discipline a child, it's					
unfair to blame only one parent for it	1	2	3	4	5
21. People can't be blamed for hitting their children if they were					
brought up that way	1	2	3	4	5
22. Being verbally abusive to a child doesn't do them any harm	1	2	3	4	5
23. A child who is being nasty does not deserve to be treated					
like a human being	1	2	3	4	5
24. Children who get mistreated usually do things to deserve it	1	2	3	4	5
25. It is alright to lie to keep people out of trouble	1	2	3	4	5
26. It is not a bad thing to get 'high' or 'drunk' once in a while	1	2	3	4	5
27. Compared to the illegal things people do, using physical					
Discipline with your child is not very serious	1	2	3	4	5
28. It is unfair to blame a person who only had a small part in					
the harm caused by their partner	1	2	3	4	5
29. People can't be blamed for committing crimes if they were					
pressured into doing it	1	2	3	4	5

30. Insults among a family don't hurt anyone	1	2	3	4	5					
31. Some children have to be treated roughly, because they lack										
feelings that can be hurt	1	2	3	4	5					
32. People are not to blame for hitting their child if they are										
under pressure	1	2	3	4	5					
33. What sort of physical discipline do you think is acceptable, can you give some examples?										
34. What sort of physical discipline is unacceptable, can you give	some	exam	ples?							
35. How frequently do you think physical discipline is appropriat	e, e.g.	daily,	week	ly, mo	nthly,					
particular occasions?										

## Appendix I: Emotional control measure

Please indicate how you feel about each item by circling one of the responses which most represents you, from 1 (not true of me) to 7 (very true of me). If you feel that an item is neither entirely true nor false, please choose the alternative that is *most* like you. If you haven't been in the situation described, please say how you feel you would behave in that situation.

	Not true of me			Very true of me					
1/ when someone upsets me, I try to hide my feeling	s. 1	2	3	4	5	6	7		
2/If someone pushed me, I would push back.	1	2	3	4	5	6	7		
3/ I remember things that upset me or make me angry for a									
Long-time afterwards.	1	2	3	4	5	6	7		
4/ I seldom feel irritable.	1	2	3	4	5	6	7		
5/ I often take chances crossing the road.	1	2	3	4	5	6	7		
6/ People find it difficult to tell whether I'm excited	about								
Something or not.	1	. 2	3	4	5	6	7		
7/ I often do or say things I later regret.	1	2	3	4	5	6	7		
8/ I find it difficult to comfort people who have been	upset. 1	. 2	3	4	5	6	7		
9/ I generally don't bear a grudge when something is over, it's									
Over, and I don't think about it again.	1	2	3	4	5	6	7		

10/ No-one gets one over on me-I don't take things lying									
down.	1	2	3	4	5	6	7		
11/ when something upsets me I prefer to talk to someo	ne								
About it than bottle it up.	1	2	3	4	5	6	7		
12/ I've been involved in many fights or arguments.	1	2	3	4	5	6	7		
13/ I get 'worked up' just thinking about things that have upset									
me in the past.	1	2	3	4	5	6	7		
14/ I'm not easily distracted.	1	2	3	4	5	6	7		
15/ If I'm badly served in a shop or restaurant I don't usually									
Make a fuss.	1	2	3	4	5	6	7		
16/ If I receive bad news in front of others I usually try	to hi	de ho	W						
I feel.	1	2	3	4	5	6	7		
17/ I frequently change my mind about things.	1	2	3	4	5	6	7		
18/ If a passing car splashes me, I shout the driver.	1	2	3	4	5	6	7		
19/ If someone were to hit me, I would hit back.	1	2	3	4	5	6	7		
20/ I seldom show how I feel about things.	1	2	3	4	5	6	7		
21/ I often say things without thinking whether I might									
upset others.	1	2	3	4	5	6	7		

22/ I often find myself thinking over and over about thin	gs									
that have made me angry.	1	2	3	4	5	6	7			
23/ If I'm pleasantly surprised, I show immediately										
how pleased I am.	1	2	3	4	5	6	7			
24/ I tend to snap at people.	1	2	3	4	5	6	7			
25/ If I get angry or upset I usually say how I feel.	1	2	3	4	5	6	7			
26/ If someone says something stupid, I tell them so.	1	2	3	4	5	6	7			
27/ If I see someone pushing into a queue ahead of me										
I usually just ignore it.	1	2	3	4	5	6	7			
28/ I can usually settle things quickly and be friendly										
again after an argument.	1	2	3	4	5	6	7			
29/ My interests tend to change quickly	1	2	3	4	5	6	7			
30/ I don't feel embarrassed about expressing my feeling	gs 1	2	3	4	5	6	7			
31/ If I see or hear about an accident, I find myself think	ing									
about something similar happening to me or to people										
close to me.	1	2	3	4	5	6	7			
32/ I think about ways of getting back at people who have	e ma	de m	e							
angry long after the event has happened.	1	2	3	4	5	6	7			

33/ I'd rather concede an issue than get into an argument		1	2	3	4	5	6	7			
34/ I never forget about people making me angry or upset, even											
about small things.	1	2	3	4	5	6	7				
35/ I seldom 'put my foot in it'.	1	2	3	4	5	6	7				
36/ I lose my temper quickly.	1	2	3	4	5	6	7				
37/ I think people show their feelings too easily.	1	2	3	4	5	6	7				
38/ I find it hard to get thoughts about things that have											
upset me out of my mind.	1	2	3	4	5	6	7				
39/ Almost everything I do is carefully thought out.	1	2	3	4	5	6	7				
40/ I don't think I could ever 'turn the other cheek'.	1	2	3	4	5	6	7				
41/ I often daydream about situations where I am getting	my										
Own back at people.	1	2	3	4	5	6	7				
42/ I find long journeys boring – all I want is to get there	as q	luick	ly								
As possible.	1	2	3	4	5	6	7				
43/ Expressing my feelings makes me feel very vulnerab	le ar	nd									
Anxious.	1	2	3	4	5	6	7				
44/ If a friend borrows something and returns it dirty or damaged											
I usually just keep quiet about it.	1	2	3	4	5	6	7				

45/ I can't stand having to wait for anything.	1	2	3	4	5	6	7				
46/ If I see something that frightens or upsets me, the											
image of it stays in my mind for a long time afterwards.	1	2	3	4	5	6	7				
47/ I hate being stuck behind a slow driver.	1	2	3	4	5	6	7				
48/ If someone insults me I try to remain as calm as											
possible.	1	2	3	4	5	6	7				
49/ Thinking about upsetting things just seems to keep											
them going, so I try to put them out of my mind.	1	2	3	4	5	6	7				
50/ I usually manage to remain outwardly calm, even the	ough	I									
may be churned up inside.	1	2	3	4	5	6	7				
51/ If I lose out on something, I get over it quickly.	1	2	3	4	5	6	7				
52/ I can't help showing how I feel even when it isn't ap	prop	riate									
To do so.	1	2	3	4	5	6	7				
53/ If I have to confront someone, I try not to think too r	nuch	abou	ıt								
It beforehand.	1	2	3	4	5	6	7				

54/ I like planning ahead rather than just seeing how							
things turn out.	1	2	3	4	5	6	7
55/ I sometimes just come out with things that							
embarrass people I am with.	1	2	3	4	5	6	7
56/ Sometimes I just can't control my feelings.	1	2	3	4	5	6	7

### **Appendix J: Response to stress measure (COPE)**

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try and deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Please circle the response that most reflects how you deal with stressful events, using the scale below to make your choice.

1

	-	_					
	I usually don't do	I usually do this a	I usually do this a	a Ius	ually do	this a	
	This at all	Little bit	Medium amount	lot			
1/ I ta	ake additional action to	oroblem	1	2	3	4	
2/ I c	concentrate my efforts or	1	2	3	4		
3/ I d	lo what has to be done, o	one step at a time		1	2	3	4
4/ I ta	ake direct action to get a		1	2	3	4	
5/ I t	ry to come up with a stra	ategy about what to	do	1	2	3	4
6/ I n	nake a plan of action		1	2	3	4	
7/ I t	hink hard about what ste	ps to take		1	2	3	4

8/ I think about how I might best handle the problem	1	2	3	4
9/ I put aside other activities in order to concentrate on this	1	2	3	4
10/ I focus on dealing with this problem, and if necessary let				
Other things slide a little	1	2	3	4
11/ I keep myself from getting distracted by other thoughts or				
Activities	1	2	3	4
12/ I try hard to prevent other things from interfering with my				
Efforts at dealing with this	1	2	3	4
13/ I force myself to wait for the right time to do something	1	2	3	4
14/ I hold off doing anything about it until the situation permits	1	2	3	4
15/ I make sure not to make matters worse by acting too soon	1	2	3	4
16/ I restrain myself from doing anything to quickly	1	2	3	4
17/ I ask people who have had similar experiences what they did	1	2	3	4
18/ I try to get advice from someone about what to do	1	2	3	4
19/ I talk to someone more about the situation	1	2	3	4
20/ I talk to someone who could do something concrete about				
The situation	1	2	3	4
21/ I talk to someone about how I feel	1	2	3	4

22/ I try to get emotional support from friend or relatives	1	2	3	4
23/ I discuss my feelings with someone	1	2	3	4
24/ I get sympathy and understanding from someone	1	2	3	4
25/ I look for something good what is happening	1	2	3	4
26/ I try to see it in a different light to make it seem more positive	1	2	3	4
27/ I learn something from the experience	1	2	3	4
28/ I try to grow as a person as a result of the experience	1	2	3	4
29/ I learn to live with it	1	2	3	4
30/ I accept that this has happened and that it cannot be changed	1	2	3	4
31/ I get used to the idea that it happened	1	2	3	4
32/ I accept the reality of the fact that it happened	1	2	3	4
33/ I seek Gods help	1	2	3	4
34/ I put my trust in God	1	2	3	4
35/ I try to find comfort in my religion	1	2	3	4
36/ I pray more than usual	1	2	3	4
37/ I get upset and let my emotions out	1	2	3	4
38/ I let my feelings out	1	2	3	4

 $39/\ I$  feel a lot of emotional distress and I find myself

Expressing those feelings a lot	1	2	3	4
40/ I get upset, and am really aware of it	1	2	3	4
41/ I refuse to believe that it has happened	1	2	3	4
42/ I pretend that it hasn't really happened	1	2	3	4
43/ I act as though it hasn't even happened	1	2	3	4
44/ I say to myself, this isn't real	1	2	3	4
45/ I give up the attempt to get what I want	1	2	3	4
46/ I just give up trying to reach my goal	1	2	3	4
47/ I admit to myself that I can't deal with it and quit trying	1	2	3	4
48/ I reduce the amount of effort I'm putting into solving the probability	olem1	2	3	4
49/ I turn to work or other substitute activities to take my mind				
off things	1	2	3	4
50/ I go to movies or watch TV, to think about it less	1	2	3	4
51/ I daydream about things other than this	1	2	3	4
52/ I sleep more than usual	1	2	3	4
53/ I drink alcohol or take drugs in order to think about it less	1	2	3	4

# Appendix K: Social desirability responding (BIDR)

Read each statement, and circle the number that best describes you, from *Not True* to *Very True* about you.

	Not True			Very	True
1. I sometimes tell lies if I have to	1	2	3	4	5
2. I never cover up my mistakes	1	2	3	4	5
3. There have been occasions when I have taken advantage of	,				
Someone	1	2	3	4	5
4. I never swear	1	2	3	4	5
5. I sometimes try to get even rather than forgive and forget	1	2	3	4	5
6. I always obey laws, even if I'm unlikely to get caught	1	2	3	4	5
7. I have said something bad about a friend behind his or her l	back 1	2	3	4	5
8. When I hear people talking privately, I avoid listening	1	2	3	4	5
9. I have received too much change from a salesperson withou	ıt				
Telling him or her	1	2	3	4	5
10. I always declare everything at customs	1	2	3	4	5
11. When I was young, I sometimes stole things	1	2	3	4	5
12. I have never dropped litter on the street	1	2	3	4	5

13. I sometimes drive faster than the speed limit	1	2	3	4	5
14. I never read sexy books of magazines	1	2	3	4	5
15. I have done things that I don't tell other people about	1	2	3	4	5
16. I never take things that don't belong to me	1	2	3	4	5
17. I have taken sick leave from work or school even though I					
Wasn't really sick	1	2	3	4	5
18. I have never damaged a library book or store merchandise					
Without reporting it	1	2	3	4	5
19. I have some pretty awful habits	1	2	3	4	5
20. I don't gossip about other people's business	1	2	3	4	5

### **Appendix L: Interview questions**

This schedule is merely a guide to the interview, covering the topics I would like to discuss. How the topics are approached and elaborated on will change from interview to interview, depending on the response of each participant. The purpose of the study is to assess 'Child physical abuse offenders' *own* perceptions of their offending and life history, therefore the direction of the discussion will be guided by the issues they themselves bring up.

#### Interview

We are going to start by talking about your child hood, specifically, your relationships with significant adults when you were a child. We will then talk about how you think that has influenced you as an adult. Once we have discussed that I would like to talk about your role as a parent and your thoughts on children, their behavior and both your and their feelings. Then I would like us to talk about the incident that occurred leading to your current sentence, and in particular what happened, in your view on the day(s) prior to it. Finally, I would like to talk about what you think about violent or aggressive behavior and some of your experience with it.

1/ I would like to start by talking about your childhood, and by that I mean as early as you can remember up. Can you describe your family life, for example, where you lived and who with; what day to day living was like; whether your parents worked and what they did? (Including siblings)

2/ Can you describe any particularly strong emotions you felt as a child and any significant events in your child hood that stand out for you?

- 3/ Can you describe your relationship with your Mother when you were a child? What is your earliest memory? How would you describe your relationship with her now you are an adult? (Encourage participant to think of 5 adjectives to describe mother)
- 4/ Can you describe your relationship with your father when you were a child? What is your earliest memory? How would you describe your relationship with him now you are an adult? (Encourage participant to think of 5 adjectives to describe father)

5a/ If you had siblings can you describe your relationship with them both as a child and an adult?

5b/ when you were growing up was there an adult who you particularly related to or had a close relationship, someone you think of fondly? (Explore this)

6/ what would you do if you were emotionally upset when you were little? (Explore specific incidents and what happened)?

7/ were your parents threatening with you in any way – maybe for discipline or even jokingly?

8/ Some people have memories of threats or some kind of behavior that was abusive. Did anything like this ever happen to you, or in your family?

9/ Do you feel this experience affects you now as an adult?

10/ Does it influence your approach to your own child?

11/ did you have any such experiences involving people outside your family?

12/ In general how do you think your overall experiences with your parents have affected your adult personality?

13/ Is there anything about your early experiences that you think might have held your development back, or had a negative effect on the way you turned out?

14/ Why do you think your parents behaved as they did during your childhood?

15/ how trustworthy do you generally think other people are?

16/ how comfortable do you feel getting emotionally close to others? Do you think they have your best interests at heart?

17/ how much do you worry about getting hurt by those close to you?

18/ How do you feel about others depending on you or you depending on them?

19/ Do you think you're more comfortable with a close relationship or less comfortable?

I now want to talk generally now about your thoughts on being a parent, whether it being a step parent or biological parent.

What do you think the role of a parent is?

Who do you think should be a parent, does it make any difference if a child is biologically yours or not?

Can you describe what you think makes a good or effective parent?

Can you describe what you think makes a poor parent?

What kind of behaviors in children, particularly young children say under 5 years old, would you consider needed disciplining/correction?

What types of discipline/guidance could you use if you needed to correct a child's behavior?

Incident

I would like to talk about the reason why you are in prison, and the incident(s) that led to you being sentenced.

In your own words can you explain why you are here? (Elaborate and unpack detail with interviewee as it is explained)

At the time of the incident(s) when the child/person was injured, were you taking any alcohol/drugs? If so what and how much, an estimation?

At the time of the incident, how were you generally feeling? Would you describe yourself as feeling angry, stressed or upset with anyone other than the child/person?

What was the child/person concerned like? Can you describe their personality/attitude/likes and dislikes?

How would you describe your relationship with them? You can use five adjectives (descriptive words) to help you.

If the child/person didn't listen to you/do what you asked what do you think they were thinking at the time? (*Try to focus on a specific example given or encourage examples to explore*)

How do you think the child/person felt about you? Can you give evidence for your answer?

Can you provide as many adjectives as possible that accurately describe children/those you would be violent towards generally?

Could you finish these sentences for me....

'When children cry it is because.....'

'If I am angry my child'
'The child I cared for is'
I want you to think of the incident that led to your sentencing. Can you describe to me how you
felt immediately after hitting the child/person?
What did you want to achieve when you behaved violently? What goal were you aiming for?
How would you describe your authority/responsibility for the child? (leave out of violent
offender only participants)
Violence
What do you understand violent behavior as?
Can you describe what thoughts come to mind when you think about violence generally?
What do you think of people who are violent?
What positive or negative effects do you think being physically aggressive could have?
How have you used physical aggression in your life time?
Why do you think people are violent? Do you think that people can choose whether or not to be
violent to others?
Were you in a relationship at the time of the related incident?
How would you describe your relationship with your partner?
Did you behave violently towards your partner or have you been violent in previous
relationships? (To explore dependent on answer – when, who, who, what etc.)

What kind of video games/TV programs do you enjoy?

How often would you play/watch these?

Were you playing/watch these at the time or before the incident resulting in injury?