

Fathering: Increasing Their Visibility In Research And As Influencers Of Child Development

By

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Abstract

This dissertation makes small and important contributions to various literatures, especially fathering, domestic violence and child development literatures, and contributes to efforts in making fathers visible to research and as influencers of child development. In the two papers presented, fathers are made visible in two ways – first by examining ways to recruit them and then by examining their impact on child development. This first paper examined the challenges involved in recruiting fathers with and without a history of domestic violence into longitudinal research. Recruitment data were collected on 257 fathers over an eight-month timeframe. Results indicated violent fathers and their families required similar efforts to recruit initially as fathers without a DV history, but required more effort for follow-up. Tests of two specific recruitment strategies demonstrate advantages of in-person and immediate scheduling of research appointments. Finally, descriptive information is provided on the time and resources required for recruiting DV fathers into research. This second paper sought to understand the fathering processes impacting children's development with 60 father-child dyads diverse in terms of men's level of parenting risk. Explored were the relationships between fathers' internal emotional capacity/competence (i.e., emotion recognition, perspective taking, narcissistic features, emotional regulation skills) and child emotion dysregulation, with fathers' emotional socialization practices (i.e., use of supportive and unsupportive behaviours with their children) as potential mediators of this relationship. Only one out of eight mediation models hypothesized were supported: Fathers' emotion recognition accuracy mediated the relationship between

fathers' unsupportive socialization practices and child dysregulation. Exploratory analyses also revealed a moderating role of fathers' history of DV perpetration on fathers' emotion competence and child dysregulation such that fathers' emotion dysregulation and child dysregulation was significantly and positively related within a domestic violence context but not in a non-DV context. Theoretical and practical implications of these findings are discussed.

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Chapter 1

General Introduction

1.1 Introduction

Fathers' positive contribution to children's healthy development is slowly beginning to be recognized alongside that of mothers (Jeynes, 2015; Jeynes, 2016). In a recent meta-analysis conducted by Jeynes (2016) studying the ways in which mother's and father's each contribute to children's healthy development, it was found that both parents were important contributors, though in different ways; when children are faced with daily life challenges, mothers were more nurturing and patient with their children, whereas fathers provided more practical support for their children to cope with these challenges and were more effective at monitoring and coaching them to prepare them for future life challenges (Jeynes, 2016). Unfortunately, there are still very few of these studies available that capture the contributions of fathering on children's development, especially when compared to the plethora of evidence available on mothering. This is perhaps why the fathering construct is garnering interest from various fields and is propelling research to move beyond a unidirectional stance to a more comprehensive and multilayered exploration of the construct of fathering. That is, moving beyond the study of simple direct effects of father presence (i.e., time, engagement and responsibility) and exploring a broader conceptualization of the role of fathers, including indirect effects of fathering within different family contexts. More specifically, areas identified for future study include; exploring the co-parenting relationship, contextualized fathering processes and the quality of father-child relationship, which also includes fathering characteristics and processes contributing to a high-quality father-child relationship (Lamb & Lewis, 2013; Ball & Daly, 2012). Researchers are also calling for more exploration of fathering in diverse populations and across different contexts. To date, fathering has primarily been explored in urban middle-class white men (Roopnarine, 2004; Coley, 2001) and although some progress has been made to broaden this inquiry (Roopnarine & Hossain, 2013), more exploration is needed with fathers from culturally and socially diverse backgrounds. Expanding fathering research to fathering roles and processes across different contexts, including social, cultural, and atypical family environments will reflect the true

heterogeneity of fathering that exists (Lamb & Lewis, 2013) and will contribute to our overall knowledge about fathers and their influence on child development.

Within this requirement for more diverse contextual research, there is a need to study fathering in the context of domestic violence (DV). However, expanding fathering research in this area can prove difficult for researchers as recruiting men and fathers into research is challenging, especially men with a domestic violence history (Dyson, David & Scott, 2018). Conducting research effectively with this population requires a ‘best practice’ program of research to draw from, including effective recruitment practices and retention strategies, which is often difficult to find within the literature. Furthermore, to adequately capture fathering processes and fathers’ impact on child development, a systematic and detailed methodological approach is needed (Kimball, 2016; Lamb & Lewis, 2013). Unfortunately, few studies conducted with DV fathers are available to guide researchers’ approach (McGinn, 2015); and instead, work with mother-child dyads is often used, even though it does not reflect the father-child relationship fulsomely. The large gap in the literature about how to recruit and study fathers and child development within a domestic violence context not only has practical implications for researchers but also contributes to fathers’ invisibility as influencers of child development.

Another important aspect of exploration within a domestic violence context is an examination of the likely complex relationship between fathers’ involvement and child outcomes. To date, discourse about parenting in the context of child maltreatment and domestic violence has concentrated on the importance of mothers as influencers on child development, with much less attention paid to understanding fathering in these contexts (Featherstone & Peckover, 2007; Sinott & Artz, 2016). Within the child-welfare literature, fathers have been coined ‘ghosts’ as they are typically invisible within child-welfare policies and practices and often considered irrelevant to children’s development (Brown, Callahan, Strega, Walmsley & Dominelli, 2009). Although the past 15 years have seen the development of initiatives to better assess and involve fathers (Brown, 2017; Malm, Murray & Green, 2006) it is still the case that fathers’ role within the family is minimized in child protection cases, including in countries where well-developed father-friendly policies exist (Skramstad & Skivenes, 2017).

Consequently, fathers are often ignored by the child welfare system and are infrequently involved in child protection cases by child welfare workers (Brown et al., 2009; Rutman, Strega, Callahan & Dominelli, 2002; Strega, 2006). Instead, mothers are typically the focus in child protection cases and given the responsibility to ensure their children's ongoing safety, to change family and parenting practices, and to buffer the adverse developmental effects of violence on their children (Sinott & Artz, 2016; Lapierre, 2010). Within domestic violence cases specifically, there is particular concern that focusing on mothers has resulted in them being unjustly 'blamed' for their inability to keep their children safe from ongoing DV, while father's accountability regarding the negative effects of their violent behaviours on their children's development is ignored (Humphries & Absler, 2011; Lapierre & Cote, 2011). These practices not only disregard fathers' ongoing risk to children but also the possible buffering effects that fathers may have on children's development.

This dissertation aims to address these issues by making fathers visible to research and as influencers of child development to better understand the risks and potential assets of fathering in a domestic violence context. In the two studies presented fathers are made visible in two ways – first by examining ways to recruit them and then by examining their impact on child development. This first study examined the challenges involved in recruiting fathers with and without a history of domestic violence. It provides researchers with a blueprint to guide future research. In this second study, a systematic approach was used to understand the fathering processes that impact children's development with a smaller sample of fathers displaying varying levels of parenting risk, including domestically violent fathers. To set the context for this research, the general introduction reviews the existing literature on fathering, child development, domestic violence and child welfare, the role of socialization within parent-child relationships, recruitment, and raises topics of discussions included in both papers. Exploring mechanisms of risk and protection in fathering with this heterogeneous sample of fathers will combine perspectives from these fields to increase our understanding of fathers' influence on child development and increase fathers' visibility, especially within the child-welfare and domestic violence literature.

1.1.1 Fathering and Child Development in High Risk Contexts

Understanding fathering in atypical and/or adverse family contexts is an important area to consider. It is well understood that factors within the family influence child development. Longstanding research strongly suggests that adverse familial factors such as child maltreatment, spousal violence, family disruption, poverty, and life stress have a negative impact on children's development (Edelson, 1999; Heatherington & Stanley-Hagan, 1997; McLoyd, 1990). Among these child adversities, one of the highest risk environments for children's poor development is one of inter-parental violence. Domestic violence (DV) is a highly prevalent and publicized concern for children and their families in North America. Recent results from the National Survey of Children's Exposure to Violence (NatSCEV) find that 5.8% of American children have witnessed one of their parents assault the other in the past year, and 15.8% of children have witnessed domestic violence (DV) over their lifetime (Finkelhor et al. 2015). Domestic violence rates are higher than those for other forms of child maltreatment by caregivers, including physical abuse (lifetime exposure, 9.8%), emotional abuse (14.5%), neglect (11.8%), and sexual abuse (less than 1%). Domestic violence also frequently co-occurs with other forms of child maltreatment (Hamby, Finkelhor, Turner & Ormrod, 2010) and is related to more severe and repeated child protection concerns (Jobe-Shields, Moreland, Hanson, Amstadter, Saunders et. al., 2015; Taylor, Guterman, Lee & Rathouz, 2009).

In the majority of cases of domestic violence that come to the attention of police and/or child protection, men and fathers are identified as the perpetrators of violence, women/mothers as victims. Domestic violence can be described as “power misused by one adult in a relationship to control another”, and which often involves a pattern of coercive control (pg. 73. Kaur & Garg, 2008). Domestic violence, is often used interchangeably with the term intimate partner violence and can take on various forms including physical assault, psychological or emotional abuse, social abuse/isolation, financial abuse and sexual assault. Also considered a form domestic violence are co-parenting behaviours used to deliberately undermine the other parent's authority or degrade the other person as a parent (Bancroft & Silverman, 2002, 2004; Edleson, Mbiliniy, Beeman & Hagemester, 2003; Thompson-Walsh, Scott, Dyson, Lishak, 2018). Children's exposure to domestic violence includes directly experiencing/witnessing violent incidents between parents or indirectly knowing about or experiencing the impact of these incidents through effects on mothers' parenting and the co-parenting relationship (Evans, Davies, &

DiLillo, 2008; Levendosky & Graham-Bermann, 2000). Although, it is well understood that exposure to domestic violence impacts children negatively (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffee, 2003; Evans, Davies & Dillilo, 2008), less understood is the influence of the fathering behaviour of these men over and above any domestic violence perpetration and beyond the time that domestic violence has been officially identified and, presumably, ended.

Noteworthy, is that domestic violence and the deleterious effects that ensue may continue post-separation through a negative co-parenting relationship (Brown, Tyson, & Fernandez-Arias, 2014). For example, in a recently completed qualitative study looking at post separation co-parenting behaviours for DV and non DV fathers, fathers were blaming and criticizing of mothers and their parenting behaviours. Furthermore, fathers appeared to demonstrate an inability to take responsibility for their own poor co-parenting behaviours and lacked of insight into how current and past negative co-parenting behaviours may affect their children (Thompson-Walsh, Scott, Dyson, Lishak, 2018). Therefore, when studying domestic violence it is important to acknowledge that men's violent and abusive behaviours may continue post-separation, especially through the co-parenting relationship, and may continue to put children at further risk for poor outcomes. Exploring the influence of fathering behaviours as well as acknowledging the possibility of ongoing risk for exposure to domestic violence through the co-parenting relationship is extremely important for children, families, family courts and child protection agencies because a majority of fathers who have perpetrated DV continue to have contact with their children after the identification of domestic violence (Hunter & Graham Bermann, 2013; Salisbury, Henning & Holdford, 2009; Stover, Van Horn, Turner, Cooper, & Liberman, 2003).

1.1.2 Parenting of Fathers With a History of Domestic Violence

Little research exists on the parenting practices of fathers with a history of domestic violence, especially when compared with the research available on mothers. The few published studies available on fathers suggest that fathers with a history of domestic violence have difficulty with parenting and lack confidence in their ability to parent their child effectively (Baker, Perilla & Norris, 2001). Fathers with a history of domestic violence have generally been found to engage in more arguments with their children and use more hostile and aggressive parenting practices, compared to fathers without a history of domestic violence (Fox & Benson, 2004; Stover & Kiselica, 2015). Violent fathers have been described as needy, self-absorbed, having difficulty in

trusting others, and often fail to recognize the negative impact of their violent behaviours on their children (Bancroft & Silverman, 2002; Mullender et al., 2002). This is perhaps why violent fathers have been found to have difficulty prioritizing their children's needs over their own (Sturge & Glaser, 2000) and have difficulty interacting with their children (Holt, 2015). Violent fathers also perceive family life as more negative, likely impacting their already ruptured relationship with their child and further contributing to a poor family environment (Fox & Benson, 2004). In saying this, some of these fathers also recognize and are quite concerned about their parenting skills and the effects of DV on their children (Fox, Sayers, & Bruce, 2002; Rothmann, Mandell & Silverman 2007). Many of them are longing for a closer relationship with their children (Perel & Peled 2008) and wish to be 'good' fathers (Mbilinyi et al., 2009); however, often they are often not engaged effectively by service providers to help them improve their parenting (Holt, 2015). Thus, studying parenting of these fathers and their influence on child development will slowly increase fathers' visibility in the child-welfare system and highlight the importance of considering them in the development of plans to improve parenting skills or capacity and to promote more positive family relationships.

1.1.3 The Quality of Parent -Child Relationships

The importance of the quality of the mother-child relationship is well established in the literature. Mothers who are warm, accepting and responsive to their children's emotions and behaviours, help children develop effective emotional regulation skills and increase their social competence, and buffer risk of their children developing psychological problems in the future (Maliken & Katz 2012; Mikulincer & Shaver 2012). Less is known about the fathering characteristics associated with a positive father-child relationship, although a small and growing area of research indicates that fathers' warmth and responsiveness to children's emotions are central to children's healthy emotional development and overall well-being (McElwain, Halberstadt, & Volling, 2007; Shewark & Blandon 2015). The quality of parent-child relationship in higher risk contexts is of particular interest to researchers, especially parent-child relationships within a domestic violence context. Given that conflict and violence negatively affect the parent-child relationship and child outcomes, it is important to understand the parenting factors that may promote child adjustment in these circumstances. Noteworthy is that some research in this area questions whether certain aspects of the parent-child relationship, and in particular, research conducted on the mother-child relationship, may promote a pathway of

resilience to promote child adjustment after DV exposure (Graham-Bermann, Gruber, Howell, Girz, 2009; Katz, Stettler & Gurtovenko, 2016). That is, mothers' ability to notice children's negative and often escalating emotions, and demonstrate acceptance and understanding toward their children's emotional expression, may contribute to children's positive adjustment after DV exposure (Katz et al., 2016). In lower risk samples, fathers' supportive responses to children's emotions have also been associated with children's emotional development and positive well-being (McElwain, et al., 2007); however, what remains unclear is whether domestically violent fathers are using and/or able to learn to use these supportive practices with their children, and if so, whether they may possibly buffer the risk of DV exposure. Given that fathers often remain present in children's lives after DV has been identified, it is important for researchers to study DV fathers and the mechanisms of risk and protection within the father-child relationship so that child welfare systems can better understand the risks as well as the possible assets of domestically violent fathers' involvement with their children.

In order to study the father- child relationship effectively, it is important to study the nuanced aspects of this relationship and the fathering mechanisms that contribute this relationship in a systematic and detailed way. Few studies have explored fathering processes using a multi-rater and multi-method approach, especially within adverse/high risk contexts. In fact, most studies exploring fathering in high risk environments have utilized mother report or, more rarely, self-report, rather than designs that invite the responses of multiple members of the family and include observation alongside self-report (Kimball, 2015). Utilizing a multi-method approach to studying fathers and their interactions with their children will allow for greater understanding of the ways in which fathers promote warmth and respond to their children, capturing important aspects of this relationship more fulsomely. One important aspect of fathering to consider, which has been well documented in the mothering literature (Katz et al., 2016), is understanding fathers' role of 'socializer' in the father-child relationship, which requires detailed examination of father-child interactions within this context.

1.1.4 The Emotion Socialization Context and Parenting

Understanding the importance of socialization in the context of children's healthy development provides an area for future consideration, especially for high risk contexts. In general,

socialization can be defined as a process by which individuals acquire values and behaviours across many areas of functioning, including social, emotional, cognitive, and personal domains. Socialization can occur across a variety of contexts and throughout the life span. Most often socialization is referred to within the context of the parent-child relationship when discussing methods of teaching children appropriate social and behavioural functioning. Within the parent-child relationship, socialization can occur through various processes including parent modelling and parent-child interaction patterns. Socialization can also vary considerably depending on the nature of the parent-child relationship and the ‘socializer’ (Maccoby, 2015). An area of particular interest in the literature are the specific parenting practices that operate within this parent-child dyad as they are deemed critical to children’s socialization and/or development of emotional and behavioural regulation skills (Morris, Silk, Steinberg, Meyers & Robinson, 2007; Fainsilber Katz, Maliken & Stettler, 2012; Maccoby, 2015). An important area for future exploration is parents’ emotion communication style. Parents’ responding to their children’s emotions using a positive and supportive emotional communication style helps to ‘socialize’ children’s healthy emotional development, contributing to children’s understanding about emotion, emotional expression, emotion regulation skills, and overall psychological well-being. The opposite is true for negative and unsupportive parental practices and invalidating responses to children emotionality, which can negatively affect children’s ability to cope effectively with situations and contribute to poor child emotional and behavioural outcomes (Dunsmore Booker & Ollendick 2013; Eisenberg, Cumberland & Spinrad, 1998; Katz et al., 2012; Laible, Thompson & Froimson, 2015; Morris et al., 2007;). This particular emotion communication style has been coined ‘parental emotion socialization’, which is concerned with how parents respond to children’s emotions, and in turn, how this responding is related to children’s own emotional regulatory development and social-emotional competence. Supportive emotion socialization practices, which have mainly been studied in mothers, have been established as an important predictor of healthy emotional development of children. Less is understood about fathers’ emotion socialization practices with their children, especially within father-child dyads when there is already a high risk for poor relationships, such as in the domestic violence context. Studying fathers as ‘socializers’ within these contexts helps us to begin to understand the direct influence of specific fathering process on child development, promoting the visibility of fathers in families and their potential risks and assets. However, studying emotion socialization processes in fathers and their children can prove to be a difficult task, especially with high risk

fathers and their children. For such studies to occur, researchers need to be able to recruit and retain fathers in research, which for high risk and DV fathers, like other hard-to-reach populations, is challenging.

1.1.5 Recruitment: Hard to Reach Populations

Considered broadly, critiques have been made that research on men and fathers, especially within the health and medical sphere, has predominantly included white, middle class, and highly educated males (Bonevski, et al., 2014; Cundiff, 2012; Liamputtong, 2006) making it impossible to utilize study findings to meet the needs of a diverse society. Research that recognizes the heterogeneous nature of our society and the differences that exist within social subgroups will allow researchers to develop more efficient and effective research protocols to study them. That is, tailoring research to hard-to-reach populations will increase applicability of research findings for underserved populations and facilitate timelier, well founded, and targeted services (Crosby, Salazar, DiClemente & Lang, 2010; Wilson & Neville, 2008). However, studying these populations has proven difficult. Fathers, particularly those who are higher-risk are challenging to track down and difficult to stay in contact with, likely due to the transient nature of this population, because they are often under resourced psychologically and financially (i.e., low social support, unemployment, low income, lower education) (see Dyson, David & Scott, 2018). They are also likely hesitant to talk about the sensitive topic of violence due to a fear of being stigmatized and stereotyped as a violent husband and father, which may evoke extreme feelings of shame and guilt (Boneveski et al., 2014; Ellard-Gray, Jeffrey, Choubak & Cran et al., 2015; Meyer & Wilson 2009). Moreover, even though all research poses some risk, hard- to- reach populations are often at higher risk for harm, and require careful research protocols to minimize consequences of research participation (Dickson-Swift, James & Liamputtong, 2008). Further, it is also difficult to obtain an adequate sample to test study hypotheses with these populations, as traditional methods of sampling are typically unsuccessful (see Boneveski et al., 2014; Odiema & Schmidt, 2009). It is perhaps for these reasons that the child development literature is replete with studies that rely on data from mothers (Broughton & Rogers, 2007; Pleck, 2004) and why many researchers steer away from including high risk fathers in research.

1.1.6 . Recruitment: Sampling Issues and Individual Barriers

The most common issues that arise when conducting research with hard-to-reach populations are related to barriers to participation and sampling issues (Abrams, 2010; Ellard-Gray et al., 2015; Shaghagi et al., 2011). Hard- to- reach populations, who are often asked to discuss sensitive topics, that are ‘intimate, discreditable or incriminating’ (Renezetti & Lee, 1993 pg. ix) face many barriers to participating in research. Further, traditional methods of sampling are found to be less effective for these populations and may do more damage by increasing participant risk (Ellard-Gray et al., 2015). Unfortunately, the availability of research methodology and strategies to guide research for these individuals is limited. The studies, literature reviews and commentaries that do exist lack clarity in the type of methodology and strategies used, making it difficult for researchers to replicate. Studies of hard to reach populations are also often descriptive in nature and provide recommendations from single case studies rather than providing more reliable and valid comparison of strategies across different groups (see Bonevski et al., 2014 for a review). Nevertheless, from review of these studies, a number of key barriers can be identified. Individual barriers for hard-to-reach populations often include: Mistrust of others, a perceived lack of individual benefit of participation, limited education/literacy making it difficult for participants to complete consent and/or assessment process, and individual’s perceived threat of harm by the research topic (i.e., social stigma, diminished reputation, high level of distress). Furthermore, hard-to- reach participants often have a limited access to transport and may need to rely on others to attend, which can be unreliable if the research site is not accessible to public transit (see Bonevski et al., 2014 for a review). Also complicating matters is difficulty in contacting hard-to -reach individuals, which is likely due to the transient and ‘floating’ nature of these individuals (Dyson et al., 2018; Faugier and Sargeant, 1997; Sullivan, Rumptz, Campbell, & Davidson, 1996). An overall recommendation to address sampling issues it to balance methodological rigor with the practical needs of the population (Crosby, Salazar, DiClemente & Lang, 2010). That is, although random sampling is considered the gold standard approach, non-random sampling is an adequate method to conduct research with disadvantaged and/or vulnerable samples. In particular, convenience sampling is recommended because it provides researchers with better access to hard-to-reach individuals (Gibbs, Kealy, Willis, Green, Welch et al., 2007; Faugier & Sargeant, 1997). Preferred methods include, targeted sampling, snowballing and respondent-driven sampling strategies (Sydor, 2013). Agencies provide a connection point for researchers to target and recruit hard- to-reach

individuals (Benoit et al., 2005; Magnani et al., 2005) and capitalize upon volunteering and referral-based strategies, such as snowballing and respondent driven tactics. Nevertheless, even when these strategies are utilized, smaller sample sizes are common, which requires researchers to adjust their expectations regarding sample size from the outset, while also continuing to build upon previous work about how to effectively engage and retain hard-to reach populations into research to slowly increase visibility within the literature.

Taken together, a comprehensive and multipronged approach is necessary to conduct effective research with these hard-to reach populations. It is also important to recognize the individual barriers to research that exist for hard-to reach populations and to balance the need of sampling rigor with the most practical and effective solutions for recruitment. Following these practices increases the likelihood of recruiting an adequate sample to test study hypotheses, resulting in adequate statistical power and greater applicability of results. Nevertheless, studying hard-to reach populations is often conducted in smaller samples (Crosby et al., 2010); however, we as researchers should move toward placing more value on recruitment of smaller samples to help spur on recruitment of hard-to-reach populations, especially within higher risk contexts, while still recognizing the limitations that smaller samples put on study design. Although fathers, especially those from domestically violent contexts are challenging to recruit, studying this population of fathers will increase their visibility in research and contribute to understanding fathering in child development, especially when there is already high risk for poor father child relationships.

1.1.7 Study Objectives

The purpose of this dissertation was to increase fathers' visibility to research and as influencers of child development by combining perspectives from fathering, domestic violence and child welfare, socialization, and child development literatures. Increasing knowledge and capability about how to successfully recruit fathers, especially fathers with a history of perpetrating domestic violence, will provide researchers with an opportunity to study this highly contextualized father-child relationship, highlight the necessity to include them in future research, and signify the importance of understanding fathers as influencers of child development.

This dissertation is comprised of two papers. Both studies included in this dissertation were part of a larger study, ‘Fathers and Kids’ conducted over a 3- year time frame at the University of Toronto dedicated to understanding father-child relationships in fathers with antisocial and domestically violent behaviours. In the first study, recruitment data were collected on 257 fathers over an eight-month timeframe and was targeted toward understanding how to effectively recruit fathers with varying levels of risk and their children into research on child development. A literature review was conducted regarding the barriers associated with recruiting men and fathers into research, especially men and families from higher risk contexts, such as those with antisocial and domestically violent behaviours. Next, drawing upon best practice recruitment literature, a recruitment planning model was developed to achieve an adequate sampling of these fathers with varying levels of parenting risk (with and without a history of domestic violence) and their children. Then studied were the specific challenges of recruiting fathers and their children with a history of domestic violence including participation and retention rates and the amount of researcher effort required to maximize recruitment and retention of these challenging to recruit samples. Next, a select set of recruitment and retention strategies were evaluated to determine utility for this special population along with the amount of time and resources necessary to study these hard-to-reach populations. Finally, discussion is aimed to provide detailed blueprint to direct research planning and execution that will help researchers balance the recruitment needs for ‘harder to reach’ populations along with the needs of more accessible participants for comparison.

The second study used a subsample of fathers ($n= 60$) recruited with their children to explore the role of fathers’ observed emotion socialization practices on emotion regulation outcomes for their children. In particular, internal emotional processes and practices in fathers with varying levels of antisocial and/or domestically violent behaviour were explored. Theoretical models used to guide such exploration include Parental Meta Emotion Theory (PMET) and Emotional Intelligence theory (EI). In combining these frameworks, this study asked whether fathers’ emotion intelligence (i.e., emotion competence) is related to fathers’ emotion socialization practices (i.e., how fathers’ respond to children’s emotions) and children’s emotion dysregulation. In order to study this population effectively, systematic and detailed exploration of father-child interactions in a diverse sample of father’s with varying level of parenting risk was required. Given the impact of child exposure to domestic violence over and above other risk

factors (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffee, 2003), domestic violence was explored as a potential moderator of the relationships between emotion competence, emotion socialization and child dysregulation was explored with the expectation that, in the context of DV, the relationship between fathers' emotion competence, emotion socialization and child outcomes may be intensified.

The research methodology for both papers comprised within this dissertation was approved by the Research Ethics Board at the University of Toronto (REB # 26912; see Appendix C); ethical approval was also provided by the Children's Aid Society of Toronto, (CAST), and Family Services Toronto (FST).

Chapter 2

Recruiting Domestically Violent Fathers and their Families: What Does it Take?

Abstract

Empirical literature on strategies to effectively recruit participants for research is sparse, especially within the domestic violence domain. Participation and retention rates commonly reported in research provide a marker of recruitment success; however, they fail to recognize other important factors that contribute to recruitment effectiveness. Evaluating recruitment methodology alongside researcher effort, time, and costs provides realistic guidelines for research planning. This study examined recruitment of fathers with and without a history of domestic violence perpetration into longitudinal research. Recruitment data were collected on 257 fathers over an eight-month timeframe. Results indicated violent fathers and their families required similar efforts to recruit initially as fathers without a DV history, but required more effort for follow-up. Tests of two specific recruitment strategies demonstrate advantages of in-person and immediate scheduling of research appointments. Finally, descriptive information is provided on the time and resources required for recruiting high-risk fathers into research. Recommendations for conducting research with this population are provided.

2.1 Introduction

Essential to conducting successful research is recruiting enough participants to achieve an adequate sampling of the population of interest. Researchers planning studies need to consider various recruitment methods (i.e., face to face, telephone, online) and anticipate the time and monetary costs associated. There is a small but growing literature to help guide these decisions. Best practice guidelines in the general literature have been published (Brown, Long, & Milliken 2002; Brown-Peterside et al., 2001; Ribisl et al., 1996) along with recommendations on

recruiting minorities and/or vulnerable populations (Demi & Warren, 1995; Haack, Gerdes, & Lawton, 2014; Reidy, Orpinas & Davis, 2012; Yancey, Ortega, & Kumanyika, 2006). However, studies have seldom compared recruitment strategies for specific populations and few studies have quantified the amount of effort, time, costs, and resources required to successfully recruit participants in a large-scale study.

Our research is concerned with father-child relationships in the context of family violence. This is a particularly challenging issue to study. The child development literature is replete with studies that rely on data from mothers and children or which only include data on fathers that has been gathered via mother report (Rohner & Veneziano, 2001). There are more studies of men court-mandated to interventions as a result of perpetrating violence against their intimate partners, though much of this work is cross-sectional or reliant on official report, in part due to challenges with participant retention (Gondolf, 2001). Certainly, all clinical populations can be challenging to study, and this group of high-risk fathers and their families are no exception. As such, recruitment barriers and challenges should be carefully considered and planned for in advance. Building on the foundation of previous recommendation, the current study examines recruitment and retention of fathers with and without a history of perpetrating domestic violence in the Fathers and Kids longitudinal research initiative. Recruitment for Fathers and Kids began in August 2012 and was completed by August 2015. Over this 3-year period, the project met its recruitment goals of assessing more than 200 fathers, half of whom had histories of domestic violence, as well as 60 children and 48 mothers from these same families. Using detailed information collected on the processes of recruitment over an eight-month period, our aim herein is to document the time, effort, and cost of recruitment and examine the efficacy of a number of specific recruitment strategies.

2.1.1 Recruitment Planning Model

Consistent with past recommendations for effective recruitment into research, careful planning went into developing methods of recruitment for the Fathers and Kids study. First, attention was paid to building a general recruiting infrastructure (Table 1, top). Considerable time was taken before the study began to build relationships and establish credibility with the management and front-line staff of the agencies from which we were hoping to recruit fathers. Cognizant that mutually beneficial research (i.e., the research has direct applicability to agency services/clients’

needs) is critical for ongoing support of research efforts (Dutton et al., 2003; Leonard et al., 2003), open discussions were held on the fit between the proposed research and agency services. On the bases of these discussions, only some partnerships were pursued. For those agencies where mutuality could be established, collaborative discussions were then held on recruitment planning and protocols both as a way to continue to build relationships and to plan for the most effective and streamlined recruitment methods possible (Dutton, et al., 2003; Leonard et al., 2003; Levkoff & Sanchez, 2003; Logan, Walker, Shannon & Cole, 2008). A second critical aspect of research infrastructure was selecting and training an exemplary research team. The Fathers and Kids study received only modest funding, and thus a combination of volunteer and paid research assistants was required. Funding priority was given to hiring a highly organized, strategically skilled research manager and management team to plan for and manage the day-to-day operations of the project (Leonard et al., 2003). We also paid careful attention to hiring our team of research assistants. Recruiting and maintaining a team of research assistants (RA's) can be a daunting task, especially for large and lengthy research projects. Consistent with recommendations in the literature, we established hiring criteria for both paid and volunteer positions, which we implemented consistently throughout the project. We sought out research assistants who had strong interpersonal and solid clinical skills to facilitate rapport building and contribute positively to participants' overall experience and retention (Cotter, Burke, Loeber & Navratil, 2002; Demi & Warren, 1995; Leonard et al., 2003). To further improve participant recruitment and retention, we hired researchers that were culturally diverse and who had varied life experiences (Brown et al., 2002). Hiring a diverse RA team was particularly important given that approximately half of Toronto's overall population identifies as a visible minority. According to the 2016 Census, a large proportion of Toronto's visible minority included individuals identifying as South/South East/West Asian (21.3%), East Indian (12.7%) and Black (8.5%)(Statistics Canada, 2017). Recruiting RA's with flexible schedules (Logan et al., 2008; Leonard et al., 2003; Cotter et al., 2002) was also important as we needed researchers who were available to work evenings and weekends to accommodate participants' typical work schedules. Effectively training research assistants is emphasized in prior writings to ensure consistent administration of the research measures, adherence to legal and ethical obligations, and to support overall recruitment success (Brown et al., 2002; Dutton et al., 2003; Logan et al., 2008; Kline Pruett, Pape Cowen, Cowen & Pruett, 2009). Prior to beginning recruitment, we created detailed study protocols covering issues such as interview and measure administration, legal,

ethical, and safety matters. Research assistants received upfront training in these protocols (Sullivan, Rumpitz, Campbell, Eby & Davidson, 1996). We also created a multi-tier structure for research positions (e.g., junior and senior research positions) each assuming a different level of responsibility during assessments. Senior RA's were considered the primary assessors and responsible for running the assessments and training junior level researchers (secondary assessors). Junior RA's would first gain experience as a secondary assessor of a low risk father prior to assessment of a higher risk father. This mentoring model worked exceptionally well so that new research assistants could gradually develop their experience and skills and assume more senior roles in the study. This training system was mutually beneficial as it not only provided student researchers with an opportunity to develop their clinical skills but also meant that each assessment was completed with a high level of competence, which contributed positively to the overall quality of the study.

Beyond these general aspects of study infrastructure, we were also attentive to the specifics of planning recruitment and retention of vulnerable populations (Table 1, bottom). Past research on effective recruitment practices targeting vulnerable populations highlights a number of strategies to more effectively reach, recruit and retain these 'harder to reach' participants (Cotter et al., 2002; Dutton et al., 2003; Logan et al., 2009; Kline Pruett et al., 2009). These included considerations of participant motivation, strategies for retention and the use of in-person recruitment (Cotter et al., 2002; Hough, Tarke, Renker, Shields, & Glatstein, 1996; Logan et al., 2008; Ribisl et al., 1996; Dutton et al., 2003). In terms of motive, we used a recruitment script that emphasized the importance of fathers to child development, the lack of research in this area, and the potential for research to give fathers a voice to share their experiences. In doing this, we aimed to connect our research goal of understanding fathering in high-risk circumstances with men's intrinsic desire to share their experiences (Hough et al., 1996; Logan, et al., 2008; Ribisl, et al., 1996; Dutton et al., 2003). Economic incentives were also valuable (Calsyn, Klinkenberg, Morse, Miller, & Cruthis, 2004; Cotter et al., 2002; Demi & Warren, 1995; Dutton et. al., 2003). The difficulty lies in determining the right amount for compensation, especially for a lower income population. Striking a balance between what is ethically responsible and what will motivate participation can be challenging. One case study researching domestically violent men helped to address this dilemma, with men reporting that they must be paid, at minimum, their current hourly rate (see Holtzworth-Munroe case study in Dutton et al., 2003). Using this logic,

we used a reimbursement guideline of approximately \$30/h. Incentive to participate for our study, as others, also included offering easy access to the assessment site (e.g., close to public transit) and paid parking/transit costs (Logan et al., 2008; Demi & Warren, 1995). Important to mention, is that although past recruitment research has recommended conducting assessments in participants' homes to improve participation rates, this strategy was not considered for this study because it would increase study costs and may put the researcher and the family at greater risk, especially if the perpetrator currently lives with the family (see Fraga, 2016 for a review).

Prior research also informs on strategies for retention. Implementing a locator strategy was recommended by many, as was ensuring short time periods between contact (e.g., Calsyn et al., 2004; Cotter et al., 2002; Dutton et al., 2003, Logan et al., 2008). Consistent with these recommendations, our follow-up protocol included a request for contact information from five or more people who would know how to contact the participant. We were also attentive to timeframe for assessment, and during our project, we shortened the gap between ongoing assessments (Calsyn et al., 2004; Cotter et al., 2002).

Finally, we planned to recruit our most difficult to reach fathers with face-to-face recruitment methods (Dutton et al., 2003). Specifically, our protocol required that research assistants attended men's intervention groups as observers for a minimum of three weeks prior to any recruiting efforts. This strategy of recruitment had numerous benefits. First, it built trust and established credibility with the men we wanted to recruit. Researchers had the opportunity to demonstrate that they were interested in men's experiences by listening to them in group. Having the opportunity to observe group process was also of benefit to student research assistants who, on the whole, were genuinely interested in learning more about intervention. Researchers' experience of fathers over a few weeks of observation helped planning as well. Fathers likely to be more difficult to connect with or more prone to distress or anger could be paired with our most experienced assessors. Throughout this process we were also mindful about the possible ethical issues involved in researchers observing men's treatment groups for the purpose of recruitment. To address some of these issues, recruitment protocols were carefully reviewed and approved by agency partners. Researchers and the agency established clear boundaries with men up-front by communicating researchers' role (i.e., short-term group attendance for research purposes only). Further, research assistants were provided with a maximum number of attempts

to follow-up with men who indicated interest in research participation so that men were not made to feel uncomfortable in any way. Finally, we strived to continually fine tune these recruitment strategies (Kline Pruett, et al., 2009), constantly thinking about how we could enhance and /or adapt our processes to make participants' experience more positive, and increase participation.

2.1.2 Study Objectives - What does it take?

Herein, we examined “what it takes” to recruit fathers with and without a history of perpetrating domestic violence even when all of these best practice strategies are followed. We also aimed to go beyond reporting only on participation and retention rates and start to capture the specific strategies necessary for recruitment (UyBico, Pavel, & Gross, 2007). Accordingly, we embarked on a comprehensive evaluation of our recruitment. We examined the participation and retention rates we achieved for domestically violent fathers, their families, and a comparison group. Our data included the number of missed, cancelled, and rescheduled assessments that can be expected, the number of calls required and the value of having alternate methods of data collection. We also conducted statistical evaluations of the impact of in-person versus phone scheduling of fathers with a domestic violence history and of the impact on retention of the time gap between scheduled assessments. Finally, we provided data relevant to the time and cost of participant recruitment.

2.2 Method

2.2.1 Participants

The current study represents a “snapshot” of the efforts required to recruit domestically violent men, their families, and a comparison group for the Fathers and Kids longitudinal study. Eligible participants were men who were actively parenting a child(ren) between the ages of 4 and 17 in the past 12 months and who could communicate in English. Quota sampling methodology (Henry, 1990) was used in an attempt to match age and marital status distribution of the comparison group to the domestically violent (DV) group. Sixty three comparison group fathers were recruited through ads posted on the University of Toronto campus, online (Kijiji, Craigslist) and in local newspapers. Additional criteria (e.g. recruiting fathers separated from their partners, recruiting younger fathers) were used to ensure that the age and marital status distribution was comparable to that of the DV sample. While men in the comparison group were

asked if they had been charged with DV related crime, DV was not further assessed (i.e., an instrument such as the conflict tactics scale was not administered). This decision was made due to the ethical considerations, as consultation with our research partners (one of whom was a child protection agency) clarified that any instance of DV related behaviour combined with the fact that all of the study participants were parenting children under 16 would have to be reported to child protection services. The research team deemed this risk to be too great a potential barrier and risk to recruitment of non-agency involved families to administer such a measure.

An approximate eight-month timeframe was chosen to begin tracking participation and retention rates, number of contacts, and strategies used for recruitment within this larger study. The calendar tracking period for each group was as follows: May 2014 to December 2014 for Time 1 and Time 2 (fathers and father-child dyads) and July 2014 to March 2015 for Time 2 – Online (mothers and fathers). Over this period, we had contact with 257 fathers for recruitment for either a Time 1 or Time 2 assessment. A total of 90 fathers completed the Time 1 assessment, 27 with an official history of domestic violence perpetration (i.e., DV group) and 63 fathers who did not indicate a domestic violence charge (i.e., comparison group). Additionally, 35 father-child dyads completed Time 2 in person and 34 fathers and 36 mothers completed Time 2 online assessments. The sociodemographic characteristics of our samples of domestically violent and comparison fathers is presented in Table 2. Our samples were statistically equivalent in fathers' age, target child age, separation status, and ethnicity. Although equivalent in separation status, our domestically violent fathers were significantly less likely to be living with the child being reported on for this study (34% vs. 51%; $\chi^2 = 4.14, p = .04$). Although in the majority of cases fathers reported on biological children, fathers with a history of domestic violence were also more likely than comparison fathers to report on step-children (13% vs. 3%; $\chi^2 = 4.92, p = .03$). In comparing our sample of fathers (DV and comparison fathers) to individuals living in Toronto across characteristics such as ethnicity, income and separation status/single parent families (Statistics Canada, 2017), our sample for the most part, is representative of the broader population. For example, regarding ethnicity, and similar to that of Toronto (48.5%), just under one half of our sample identified as white (40% DV and 39% comparison fathers). A relatively similar distribution of categories reflecting visible minority status in our sample and individuals living Toronto were also found; however, fathers overall in this study were more likely to identify as black (27% - 37% DV; 20% comparison) compared to individuals living in Toronto

(8.5%). Reported Low Income (below 20,000) in this study was also representative of the larger Toronto population in that 23% of fathers overall, especially DV fathers (23%) relative to comparison fathers (7%) were earning a similarly low income to individuals living in Toronto (20%). The proportion of single parent families (1 in 2 families) were higher compared to (1 in 3 families) living in Toronto (Statistics Canada, 2017).

2.2.2 Procedures

The Fathers and Kids study aimed to complete three points of assessment. The first assessment (Time 1) required fathers to come to the university to complete interviews and questionnaires about themselves, their child, and the child's mother along with physiological tasks measuring skin conductance and heart rate. Time 1 assessments took approximately four hours to complete. Fathers were provided with a \$120 incentive for their participation and reimbursement for transit or parking. The second assessment (Time 2) included participation of father-child dyads and lasted approximately 1½ hours. Fathers and children each completed a number of questionnaires separately and were then joined to complete a father-child interaction task and a free play task. Fathers were provided with a \$75 incentive for their participation and reimbursement for transit or parking. Children were provided with a movie pass or a gift card valued at \$20. Fathers who declined or who were unable to complete the face-to-face Time 2 participation (i.e., with their child) were invited to complete an online assessment (Time 2 – Online). This assessment included all of the same questionnaires from Time 2 without the interaction task. Completion time for fathers was approximately one hour. Online participants were provided \$50 for their participation (via Interac e-transfer). An additional assessment (Mother Assessment) was completed by mothers from these same families online and over the phone. Questionnaires included a condensed version of similarly completed measures by fathers during Time 1 and Time 2. Completion time for mothers was approximately one hour and was compensated at \$50.

2.2.3 Recruitment Procedure

Recruitment at Time 1. Men with a confirmed history of domestic violence perpetration were recruited in person through local treatment agencies by a research assistant who attended groups as an observer. Research assistant recruiters attended a minimum of three sessions prior to recruiting participants to help establish credibility and build trust with potential participants. Eligible and consenting fathers were scheduled for an assessment at the time of recruitment.

Scheduled appointments were provided in writing along with study contact information and directions to the university. If men wanted to participate in the study but were unable to attend one of the assessment times offered, they would provide their availability and contact details to the research assistant for follow-up. In these cases, the research assistant would contact men with alternate assessment times over the phone within two to three days. Men were given a reminder call 24 hours prior to their scheduled appointment.

The comparison group of men, without a history of domestic violence perpetration, were recruited through free online advertisements (Kijiji, Craigslist) and flyers posted at local bulletin boards at universities, community centres, grocery stores, etc. Men interested in participating in the study would contact the Fathers and Kids study directly via phone, text or email. A 24-hour voicemail option was available for prospective participants to leave a message if the phone was unattended. Men meeting the eligibility criteria were provided a detailed breakdown of the study, were invited to participate, and were provided with an assessment date and time. A reminder call was provided 24 hours prior to scheduled appointment.

Recruitment at Time 2. Men in both groups were invited to participate in Time 2 with their child, if they completed Time 1 and were fathering a child in the 4-17 age range (i.e., had regular contact with them in the past 12 months). At the beginning of the study period, men were called, emailed, or texted by an RA within one week of completing Time 1 to schedule a second assessment. Partway through, methods were changed and an attempt to schedule fathers and their children for Time 2 was conducted *in person* at the end of the Time 1 assessment. Men interested in participating were provided with a tentative assessment date and time. The rationale for providing tentatively scheduled assessments was because fathers needed to discuss participation with their child and/or the child's mother before an appointment could be confirmed (see section on custody and consent). A mobile phone was designated to Time 2 recruiting and scheduling and assigned to one research assistant for continuity. Fathers who declined, were unable to complete Time 2, or never responded to RA attempts to contact for this part of the study were invited to participate in the online version of Time 2 (i.e., without the interaction task).

Recruitment of mothers. Mothers were recruited from these same families. However, mothers could only be contacted indirectly through fathers (i.e., if mothers gave fathers their permission to be contacted by a RA). This process was initiated with fathers after completing Time 1 if there was no legal agreement in place inhibiting fathers from contacting mothers. Fathers were provided with information about the mother component of the study, asked to discuss the study with mothers, and request permission for contact between mothers and a RA. Once confirmation of mother interest was received (by mothers or fathers) mothers were contacted by the RA by phone, email, or text and invited to participate.

2.2.4 Contact, Custody and Consent Procedures

In the families that we are working with in this research, issues around contact and consent were complex to resolve. In a third (34%) of our DV cases and half (51%) of our comparison cases, fathers and mothers were married or common-law and fathers were able to consent on behalf of their child. In a minority of cases, mothers and fathers were separated and a formal or legal agreement was available that outlined decision-making rights of each parent with regards to the child. In such cases, our research team followed the provisions in the legal agreement.

However, especially in our DV group, it was common for children's biological mothers and fathers to be separated, both with regular contact with their child(ren), but with no formal or legal agreements in place regarding custody, access, or decision-making. The default legal requirement in such situations is for consent to be sought from both children's mothers and fathers. However, requiring consent from both parents in these higher risk families, and having fathers be the conduit to gaining this consent (as is necessary due to our inability to ask him to provide her contact information), was judged as being unlikely to yield a reasonable level of success. Moreover, it was expected that any sample that might participate under these restrictions would be quite biased. With these considerations in mind, we turned to Canada's Tri-Council guidelines for approval of research without full consent (article 3.7). We successfully outlined the case to our Research and Ethics Board that involving the child in research with consent of the father only involves minimal risk to the child, that participating without mothers' consent is unlikely to adversely affect the welfare of the child, and that it would be impossible or impracticable to carry out the research and to answer the research question properly if consent was required by both mothers and fathers in these cases. See Appendix D regarding information provided to our Research and Ethics Board. With these provisions, we proceeded with the

assessment of fathers and children with the consent of fathers alone (although we always attempted to gain consent from both mothers and fathers). Child assent was also a component of our research in all cases.

2.2.5 Recruitment Tracking and Contact Effort

Research assistants provided recruitment coordinators with the number/type of contacts for each participant they were assigned to assess. Contact tracking information was entered into a tracking sheet developed by members of the research team and modeled after a call centre tracking sheet. Tracking included the separation of contacts between the domestically violent and comparison groups and differentiated calls made to the research team (inbound) and calls made by researchers (outbound). Reasons for contact were indicated (e.g., 24-hour reminder call, late, reschedule, etc.) along with type of contact (e.g., email, text, etc.) and whether the RA was able to establish direct contact with the participant or indirect (e.g., left a voicemail, no answer, etc.). To simplify consideration of these data, contact effort was categorized into three categories: low, moderate, and intense. Cut-off points for each category were initially established based on the quartile ranges of the entire sample to represent a more balanced contact distribution. The two middle quartile ranges were then combined to reflect the moderate category so that whole contact numbers are represented. The following classifications were established for each time period: low (0-2), moderate (3-5), and intense (6 or more) for Time 1, low (0-2), moderate (3), and intense (4 or more) for Time 2, and low (0-1), moderate (2), and intense (3 or more) for Time 2 – Online.

2.3 Results

2.3.1 Participation Rates for Time 1

Figure 1 illustrates the Time 1 participation rates for fathers in the DV and comparison groups. A total of 56 DV fathers from six treatment groups were eligible to participate in the Fathers and Kids study during the period of May 2014 to December 2014. Approximately half of these fathers were from a court-mandated treatment program for domestic violence ($n = 29$) and the other half were from a child protection-mandated treatment program for child exposure to domestic violence ($n = 27$). The estimated overall participation rate for fathers in these groups was 48%. Twenty percent of fathers indicated that they were interested in participating in the

study and were scheduled or in the process of being scheduled but did not complete Time 1 (labelled dropouts in Figure 1). Over the same period, a total of 140 comparison fathers responded to advertisements to participate in the Fathers and Kids study. The overall participation rate (i.e., completion of Time 1 assessment) was 45% ($n = 63$). The remaining 55% were fathers who showed initial interest in participation but either did not respond to researchers after being provided with more information about the study (34%, $n = 47$), or dropped out of the study during the scheduling process (21%, $n = 30$).

2.3.2 Participation Rates for Time 2

Figure 2 illustrates retention rates for Time 2 dyadic and online assessments for the DV group. Between May 2014 and December 2014, Time 2 recruitment attempts were made for 62 DV fathers, 27 of whom completed Time 1 during the same period and 35 who completed Time 1 prior to May 2014. Eighty-two percent ($n = 51$) of the DV fathers who completed Time 1 assessment were eligible to participate in Time 2 assessment. The other 18% ($n = 11$) were ineligible to participate because they had no contact with their child, a no contact order with mother of the child, supervised access only with child, or the child or mother did not consent to participate. Of eligible fathers in the DV group, the overall participation rate for Time 2 assessments was 20% ($n = 10$) with the remaining declining (33%, $n = 17$) or either unresponsive to participation requests by research assistants or with contact information that was no longer in service (47%, $n = 24$). The 52 fathers who declined, never responded, or were ineligible for Time 2 face-to-face assessment, were contacted to participate in Time 2 – Online. Overall, the participation rate for DV fathers completing Time 2 – Online assessments was 29% ($n = 15$). During the same time period, recruitment attempts were made for 89 comparison group fathers, 63 of whom completed time 1 during the same period, and 26 who completed time 1 prior to May 2014 (see Figure 3). Six percent ($n = 5$) of comparison fathers were ineligible to participate because child or mother did not consent to participate, or child was too young. As indicated in Figure 3, among eligible fathers, the retention rate for the comparison group completing Time 2 assessments was 30% ($n = 25$). An additional 33% ($n = 28$) declined to participate and 37% ($n = 31$) did not respond to participation requests by research assistants or their contact information was no longer in service. The 64 fathers who declined, never responded or were ineligible for Time 2 face-to-face assessment were contacted to participate in Time 2 – Online. Overall, the participation rate for comparison group fathers completing Time 2 – Online assessments was

30% ($n = 19$). The remaining 70% of fathers declined, were unreachable, or failed to follow-up with a researcher after expressing interest in the study.

Mothers. Time 2 – Online assessments were also offered to mothers from domestically violent and comparison group families. For mothers paired with domestically violent fathers, participation rate was calculated on a total of 62 fathers who completed Time 1 (Figure 2). Overall participation was 16% ($n = 10$) with the remaining mothers not contacted due to a no contact order between the father and mother, a difficult relationship with father, father stated that mother would not be interested and declined on her behalf, or mother declined or was unreachable. The clear difficulty with mothers was making contact. When looking at the small subset of mothers paired with domestically violent men for whom there was direct contact with a research assistant, participation rates were 91% (10 of 11 mothers).

The participation rate for the comparison group of mothers was somewhat higher, at 29% ($n = 26$), calculated on the basis of the 89 fathers who completed Time 1 (see Figure 3) with the remaining not contacted due to a no contact order between the father and mother, a difficult relationship with father, father stated that mother would not be interested and declined on her behalf, or mother declined or was unreachable. Mothers' online participation rates were much higher when paired with fathers who completed the dyadic task 72% ($n = 18$) and among mothers where there was direct contact with a research assistant, participation rates were high (26 of 28 mothers or 93%).

2.3.3 Recruitment Effort

We next examined scheduling effort differences at Time 1 and Time 2 between the 38 interested domestically violent (DV) and 93 interested comparison fathers. As shown in Table 2, recruitment effort for DV and comparison group was similar for Time 1. Men missed [$\chi^2 (1, N = 131) = 3.09, p = .08$] and rescheduled/cancelled [$\chi^2 (1, N = 131) = 1.03, p = .31$] a similar number of assessments. Moreover, there were no significant differences between DV and comparison group regarding the overall amount of effort required to recruit them, $\chi^2 (2, N = 131) = 3.01, p = .22$. At Time 2 recruitment, the DV and comparison fathers again missed [$\chi^2 (1, N = 113) = 1.32, p = .25$] and rescheduled/cancelled [$\chi^2 (1, N = 113) = 2.73, p = .10$] a similar number of assessments. However, significantly greater effort was required to recruit DV fathers versus comparison group fathers. Specifically, 34% of DV fathers required intense recruitment

effort compared to 26% of comparison fathers, $\chi^2(2, N = 113) = 6.69, p = .04$ ¹. Recruitment of fathers for Time 2-Online assessments required equivalent effort across groups, $\chi^2(2, N = 44) = 0.56, p = .75$.

2.3.4 Examination of Specific Recruitment Strategies

For DV fathers only, we were able to compare different scheduling strategies: directly scheduling fathers within group versus scheduling fathers outside of group. A chi-square test of independence was conducted to assess whether being able to set a mutually agreeable assessment time *at the time of recruitment* yielded higher initial assessment completion rates as compared to fathers who consented but needed to be contacted to set a specific assessment time. Among fathers who were scheduled during group, 94% ($n = 17$) completed the Time 1 assessment compared to 50% ($n = 10$) of fathers who were scheduled outside group, $\chi^2(1, N = 38) = 9.10, p = .003$. We further evaluated the amount of time and effort expended contacting DV fathers scheduled in group versus outside of group. On average, fathers scheduled at the time of recruitment required fewer contacts ($M = 2.28, SD = 1.41$) compared to fathers who could not be immediately scheduled ($M = 5.80, SD = 4.01$); $t(24.05) = -3.69, p = .001$.

A second specific test we were able to conduct concerns the amount of time elapsed between completing Time 1 and first contact by a research assistant for a Time 2 assessment. As a result of concerns around retention for Time 2 assessments, partway through our study we began to attempt scheduling father-child dyads in person at the end of the Time 1 assessment, rather than over the phone, email, and/or text in the days and weeks following Time 1 assessment. This change in protocol provided an opportunity to evaluate the most effective time period to contact fathers for the next phase of the study (i.e. within 30 days and 31+ days). Analysis indicates that DV fathers were significantly more likely to complete Time 2 if they were contacted within 30 days. In fact, those contacted within a month completed at a rate of 50% as compared to a 6% success rate for those we attempted to schedule after one month [$\chi^2(1, N = 51) = 13.66, p < .0001$]. Time was not significantly associated with retention success for comparison fathers

¹ Twenty- two fathers (15 DV, 7 comparison) were not included in Time 2 effort analyses as they immediately declined after completing Time 1, completed Time 2 within 24 hours of completing Time 1, or their contact information was no longer valid (only provided one method of contact and it was no longer in service), which required no contact effort.

where were able to successfully recruit 31% and 29% of those contacted within and beyond one month [$\chi^2(1, N = 84) = .04, p = .84$].

2.3.5 Recruitment Resources Required

Finally, we explored the hours, time, money, and resources spent on recruitment. Over the course of eight months, our research team spent 570 hours on 1074 contacts for Time 1 assessments, 330 hours for 550 contacts for Time 2 assessments and 130 hours for 162 contacts to recruit for online assessments. These efforts totaled almost 1800 contact exchanges (calls, emails, texts) and 1030 hours spent recruiting, scheduling, and collecting the contact tracking data. On average, this translates to approximately 5 hours of recruitment effort per successfully completed assessment. At \$20/hour (average hourly RA salary) a total of \$20,600 was required to pay RA resources for this time period. These costs are for *recruitment only* and do not include many other study related costs such as the costs of project management salaries, time spent waiting for participants who failed to attend or were late for their appointments, time spent assessing participants, or reimbursement of participants.

2.4 Discussion

Beyond the typical markers used to indicate recruitment success, little else is known about what it *really* takes to recruit domestically violent fathers and their families into research. This study aimed to explore commonly used indicators of recruitment success, namely participation and retention rates, along with a detailed evaluation of recruitment effort, costs, time and strategies used. Findings indicated that when adhering to best practices of recruitment, moderate participation and retention rates can be achieved for both fathers with and without a history of domestic violence and their families. Specifically, with our initial recruitment pitch, we were able to recruit just slightly less than half of our identified DV and comparison samples into this study (48% and 45%). This success was achieved with intense recruitment methods for domestically violent fathers (i.e., face to face, clinically embedded) as opposed to community fathers, suggesting that clinically embedded recruitment methods may be necessary to be at par with community sample participation rates.

We were also modestly successful at retaining our high-risk fathers for a second assessment; specifically, we were able to collect at least some time 2 data for 40% and 49% of DV fathers

and comparison fathers, respectively. However, only about half of these assessments were the in-person dyadic father-child assessments that we were aiming for. The other half of time 2 assessments were completed online. Fathers, particularly those with a domestic violence history, faced many barriers to participation in dyadic assessment due to their complex family situations. These included difficult relationship with the mothers of children and complex relationships with children. Fathers also appeared to have high levels of lifestyle instability, as reflected in the large number of fathers whose telephone contact information was no longer valid even within a short timeframe. Finally, it was noteworthy that, even among eligible and consenting fathers, DV fathers requiring considerably more effort to recruit than fathers from the comparison group. Clearly, the study of father-child relationships in the context of domestic violence is labor intensive and challenging.

A combined telephone recruitment and online assessment method was also offered to mothers of these same families. Considering that the primary focus of this study was about fathers and kids and that our recruitment goal for mothers was small in comparison, we believe that this combined strategy was a good fit for the final phase of our study. Specifically, minimal resources were required to recruit mothers over the telephone, administer online assessment methods, and achieve our desired sample size. Online assessment was also a fit with the type of data that we required (i.e., questionnaires) and mothers found this assessment quick and convenient. Although this recruitment assessment method was suitable for our purpose, the participation rates achieved for mothers were low, especially for mothers' co-parenting with domestically violent fathers (16% versus 29% for community fathers). Part of the challenge was that, in this study, we needed to rely on fathers to contact mothers directly about the study and ask for permission to be contacted by a researcher. This was a barrier for many fathers, and especially likely to be a barrier for DV fathers. For the majority of our families, we were simply unable to ever make contact with mothers. In the few cases that we were successful in reaching mothers, consent rates were very high (91% DV and 92% comparison group). This finding suggests that if we were able to remove the barrier of relying upon fathers to gain access to mothers for research, participation rates would likely be much higher.

This study also explored the impact of specific aspects of recruitment on eventual success. Results suggest that attending to timing, especially for fathers with a history of domestic

violence, helps to maximize recruitment and reduce the amount of time and effort it takes to achieve these rates. Specifically, scheduling domestically violent fathers immediately after they have consented to participate in the study leads to higher assessment completion rates with lesser effort compared to fathers scheduled outside of the treatment group. In addition, contacting fathers for a second assessment within 30 days of completing the initial phase of the study led to significantly greater success in retention than follow-up after a month. Overall, results suggest that scheduling of DV fathers within a condensed timeframe is particularly important.

Beyond our data, we also wanted to share a few other tips that we found helpful in recruitment and retention for the Fathers and Kids study. First, the time and effort taken to hire and build a cohesive team of researchers is critical to building a collaborative and motivated team. The cohesiveness that we consciously developed with group activities (research based and social) meant that team members were consistently willing to help each other out, answer questions about the study, and provide support when needed. Assigning specific roles to team members tailored to their strengths/interests was also helpful both for individual learning and team morale. Second, when recruiting men face to face, *provide participants with a study business card* should they need to reschedule the appointment and inform them that they will receive a *reminder call 24 hours prior to their scheduled appointment*. Providing participants with a scheduled appointment with clear step-by-step directions will maximize completion rates and reduce the amount of contact efforts. Inform participants that reminder calls may come from a blocked number if the RA does not have access to the office phone, as part of confidentiality protocols in research. This lessens the chance that participants will ignore incoming blocked calls. Third, we noticed that we were particularly successful in recruiting higher risk fathers *during the summer/holiday season* – the motivating factor is having the extra money to spend on their children. Fourth, *avoid scheduling highest risk and comparison participants simultaneously* – the priority when it comes to scheduling will always be for the higher risk participants, which in our case were the clinically recruited domestically violent fathers. This avoids the potential of having a low priority participant occupying an appointment slot for a higher priority participant. Finally, keep a detailed and accessible database, which has all of the participants contact information. This helped prevent fathers who attempted to do the study multiple times and provided researchers with easy access to contact fathers if required.

Our aim for this article was to provide researchers with realistic guidelines and strategies for how to effectively plan and execute a longitudinal research study with high risk fathers and their families. Although we hope that the lessons learned might be useful to other researchers, our study results may not be generalizable to all contexts. First, it is important to acknowledge that this sample of domestically violent men may not be representative of the larger population of men who perpetrate domestic violence in Canada. Recently published data by the General Social Survey (GSS-2014), which is a survey conducted on a random sample of men and women asking about victimization experiences, indicates that 4% of all Canadians have experienced spousal violence within the past 5 years. Of this 4%, which translates into 760,000 victims across Canada, fewer than 30% of these cases are reported to police. Furthermore, an even smaller number of reported cases were recommended to programs to address violence and even less individuals that likely attended them (Lila, Gracia, & Catalá-Miñana, 2017). Thus, this sample not only encompasses a small sub-sample of men from the larger population who have actually been charged with domestic violence but includes an even smaller subset of perpetrators who attended violence intervention programs; thus this sample of DV fathers might represent those at the more extreme end of risk who are both more difficult to recruit and most likely to have a negative impact on their children. In saying this, a strength of this study is that this DV sample is relatively representative of the broader population in Toronto on a number sociodemographic characteristics. Moreover, other research conducted with this sample of fathers exploring differences in critical marks of historic, psychological and cognitive aspects of heterogeneity calls into question the assumption that this sample of DV fathers is particularly high risk (Lishak, 2017). Rather, Lishak (2017) found that DV perpetrating fathers who did not have a history of engaging in other criminal behaviours (around half the sample) were indistinguishable from non-DV fathers on almost all trauma history, psychopathology, neurocognitive functioning and psychophysiological variables with the exception of substance use. This study, which was one of few to examine heterogeneity in DV men alongside characteristics of non-DV, provides a reminder that we know little overall about the differences between DV fathers and non DV fathers in general, and remarkably little about the differences between samples of self-reported only and officially identified DV perpetrators. Thus, although caution is warranted, there is no firm evidence at this point that results would not be generalizable to the broader population of fathers who have perpetrated DV.

Next, our research lab is also located in the downtown core of a large urban center. There are advantages to this location (e.g., in terms of transportation) but also potential disadvantages (e.g., in terms of individual mobility). It is possible that higher rates of success could be achieved in smaller communities with more stable populations. Additionally, our examination of the potential advantages of immediate scheduling at Time 1 may be confounded with motivation. Although our research assistants reported that consenting participants who could and could not be scheduled immediately seemed equally motivated, it is possible that men's unavailability might have reflected reluctance to be involved. This confound did not exist for the examination of the impact of immediate scheduling of Time 2 assessments, though for these analyses, there were a low number of DV fathers contacted beyond 30 days. Although results converge, caution should be used in interpreting findings.

In summary, we demonstrated that with intense recruitment methods (average of 5 hours per participant) we were modestly successful at recruiting and retaining fathers in this study, though less so for in person, father-child dyadic assessments. Clearly, research of this magnitude requires a great deal of upfront planning, patience, and perseverance. It is important to have reasonable expectations when establishing your sample size goals and to plan enough time and resources to achieve these goals. Deploying the most effective methodology for your population is also a key factor to success. From our results, we recommend immediate scheduling of fathers with a history of domestic violence to help maximize recruitment success and reduce the amount of effort and time required to contact these fathers.

Tables

Table 1. Recruitment Recommendations

General Recruiting Infrastructure

Community Agency

- Establish and nurture a strong working alliance with agency management (Dutton et al., 2003; Leonard et al., 2003; Levkoff & Sanchez, 2003; Logan et al., 2008).
- Emphasize mutually beneficial goals between the research and collaborating agencies. Recruitment goals will be more successful if the research is a ‘fit’ with both the agency and the clients that they serve (Leonard et al., 2003; Dutton et al., 2003).

Research Team: Selection and Training

- Hire an effective management team to plan, execute and manage day to day recruitment goals (Leonard et al., 2003).
- Hire research assistants who are diverse, have excellent interpersonal skills, solid clinical and research skills and flexible schedules (Brown et al., 2002; Cotter et al., 2002).
- Provide substantial training upfront on study protocols, researcher safety and adherence to legal and ethical obligations (Brown et al., 2002; Dutton et al., 2003; Logan et al., 2008; Kline Pruett, et al., 2009).

Structure Important for Vulnerable Populations

Participant Motivation

- Be attentive to what will motivate research participation. Intrinsic motivators such as connecting the goals of the research with participant’s own goals of contributing to the research or extrinsic factors such as economic incentives, providing easy site access, and paying for transportation costs (Calsyn et al., 2004; Cotter et al., 2002; Demi & Warren, 1995; Hough et al., 1996; Logan, et al., 2008; Ribisl, et al., 1996; Dutton et al., 2003).

Recruitment Strategies

- Deploying a locator strategy for ‘harder to reach’ participants is required (Calsyn et al., 2004; Cotter, et al., 2002; Sullivan et al., 1996).
- Consider a shorter scheduling timeframe in between assessments (Calsyn et al., 2004; Cotter et al., 2002)

Recruitment Methods

- Carefully consider the recruitment methods that you are going to use and how these methods will remove barriers to participation. In person methods have been deemed effective to recruit high risk participants (Dutton et al., 2003).
 - Redefine and adapt recruitment strategies ongoing. The needs of clients and the study itself may change over time (Kline Pruett et al., 2009).
-

Table 2. Demographic Factors among Domestically Violent Men and Comparison Group

Demographic Factors	Domestically violent fathers (N = 62)	Comparison fathers (N = 89)	Statistic (<i>t</i> or χ^2)
Age			
Father	34.74 (7.83)	36.43 (9.14)	-1.18
Target Child	7.58 (3.32)	8.00 (3.77)	-0.71
Marital Status			1.87
Married/Common-Law	37% (23)	48% (43)	
Separated/Divorced/No Longer Together/Other	63% (39)	52% (46)	
Ethnicity			7.47
White	40% (25)	39% (35)	
Black	37% (23)	20% (18)	
Asian/South Asian	15% (9)	28% (25)	
Other	8% (5)	12% (11)	
Living Arrangements			4.14*
Lives with Child	34% (21)	51% (45)	
Relationship to Child			4.92*
Biological (vs. step, adoptive, other)	87% (54)	97% (86)	

* $p < .05$

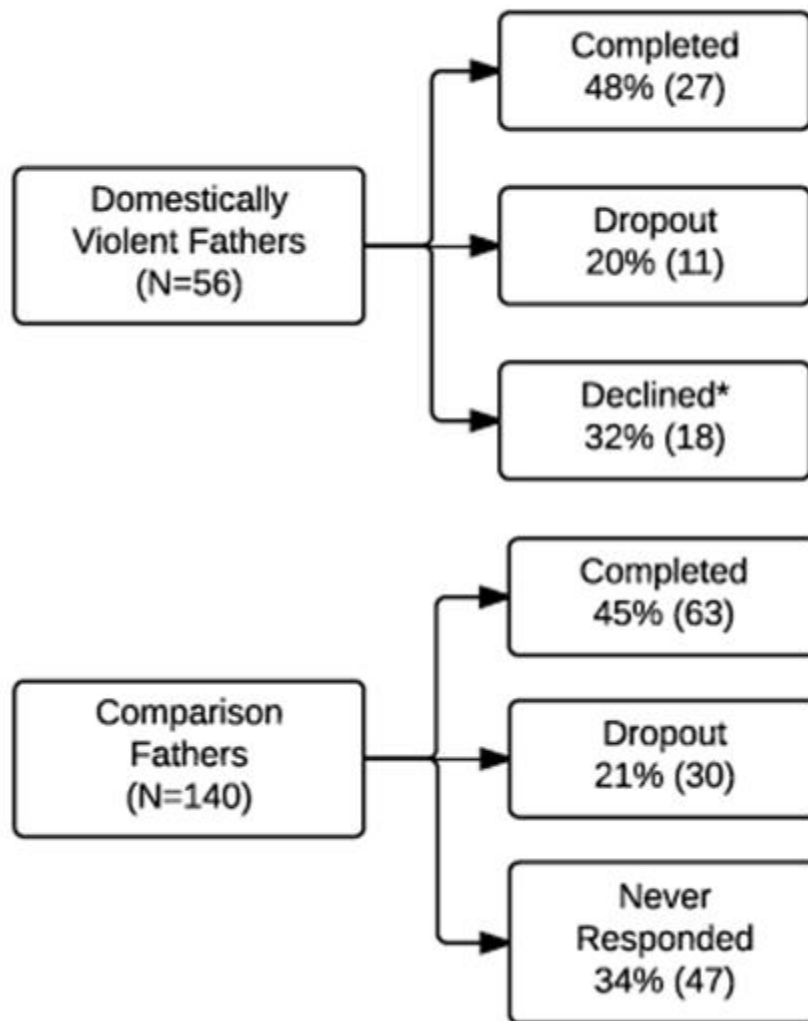
Table 3. Scheduling and Contact Effort between Domestically Violent and Comparison Fathers

	Domestically violent fathers	Comparison fathers	χ^2
<u>Time 1</u>	N = 38	N = 93	
Missed Assessment	21% (8)	10% (9)	3.09
Rescheduled/Cancelled	24% (9)	16% (15)	1.03
Contact Effort			3.01
Low	45% (17)	29% (27)	
Moderate	29% (11)	39% (36)	
Intense	26% (10)	32% (30)	
 <u>Time 2 – In person</u>	 N = 38	 N = 75	
Missed Assessment	13% (5)	7% (5)	1.32
Rescheduled/Cancelled	34% (13)	20% (15)	2.73
Contact Effort			6.69*
Low	50% (19)	51% (38)	
Moderate	8% (3)	25% (19)	
Intense	42% (16)	24% (18)	
 <u>Time 2 – Online</u>	 N = 15	 N = 29	
Contact Effort			0.56
Low	27% (4)	38% (11)	
Moderate	33% (5)	28% (8)	
Intense	40% (6)	35% (10)	

*p < .05

Figures

Figure 1 Participation Rates for Domestic Violence Sample and Comparison Sample at Time 1.



*Note. Estimate of eligible fathers who declined to participate

Figure 2. Participation Rates for Domestic Violence Sample: Time 2 & Time 2 – Online.

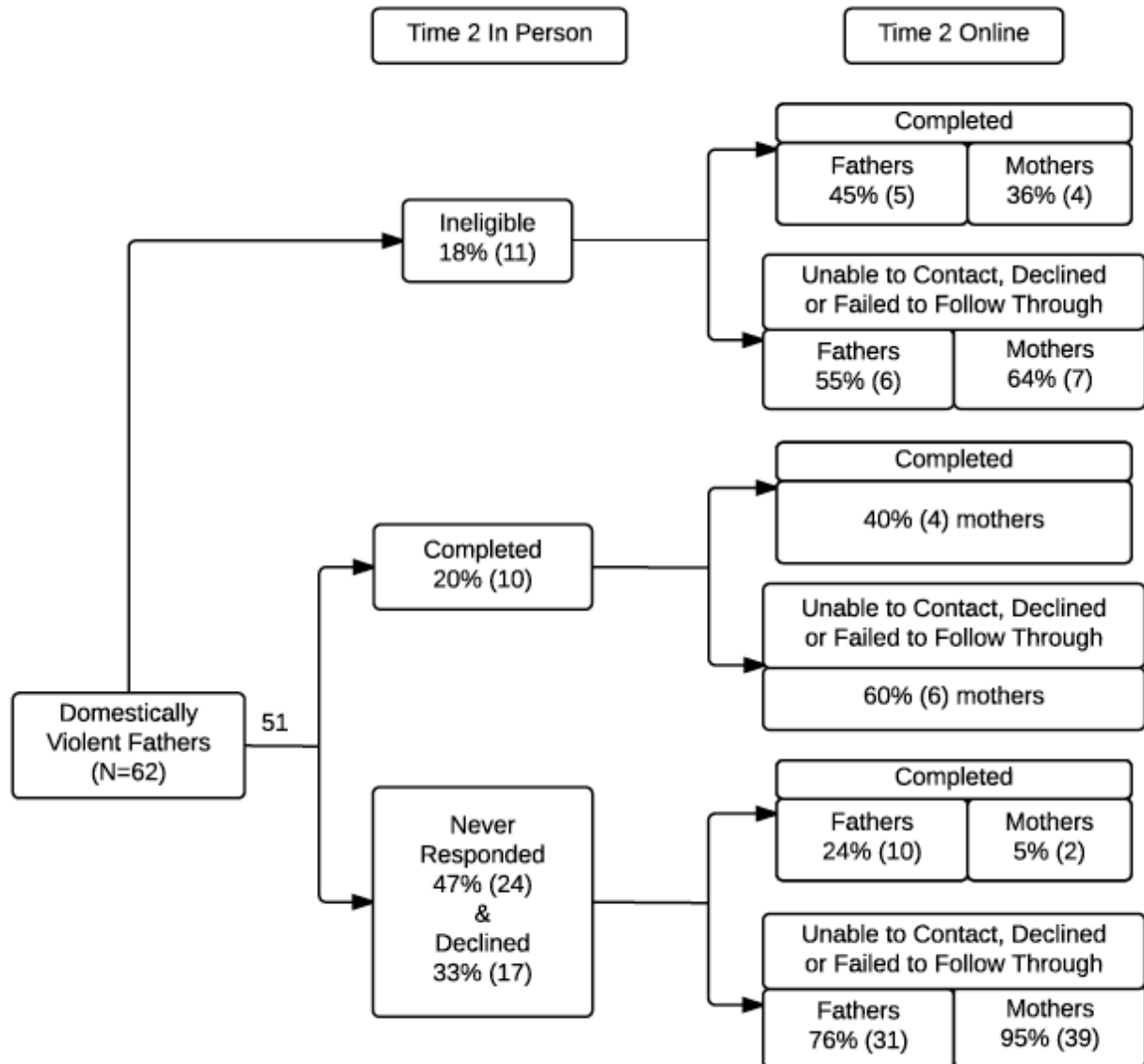
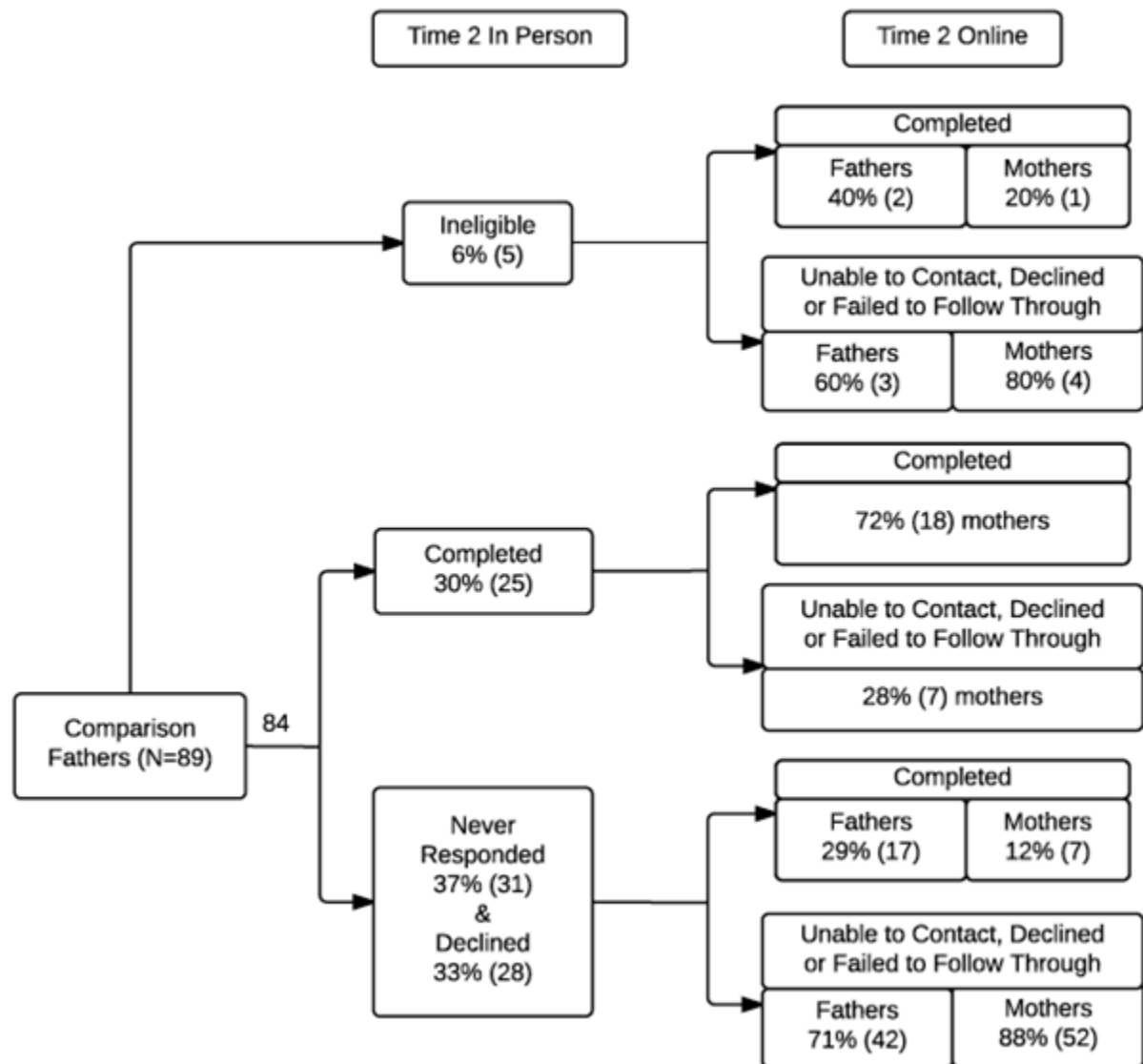


Figure 3. Participation Rates for Comparison Sample: Time 2 & Time 2 – Online.



Chapter 3

Attending to Emotion: Emotion Validation as a Mediator of Fathers Emotional Competence and Child Dysregulation.

Abstract

Although studies have supported the importance of mothers' emotion socialization practices in child development, less research has explored fathers' emotion socialization practices with their children. To address this gap, this study examined the relationship between fathers' internal emotional capacity/competence (i.e., emotion recognition, perspective taking, narcissistic features, emotional regulation skills), fathers' emotional socialization practices (i.e., use of supportive/validating and unsupportive/invalidating behaviours with their children) and child emotion dysregulation, in fathers and their families. Data were collected on 60 fathers, children and mothers diverse in terms of domestic violence perpetration and separation status. Consistent with hypotheses, fathers' emotion recognition accuracy mediated the relationship between fathers' unsupportive socialization practices and child dysregulation. No other mediation models were supported though fathers' observed invalidation of children's emotions was consistently related to poor child emotional regulation. Additionally, exploratory analyses revealed a moderating role of fathers' history of DV perpetration on fathers' emotion competence and child dysregulation such that fathers' emotion dysregulation and child dysregulation was significantly and positively related within a domestic violence context, but not in a non-DV context. Findings overall highlight the association between fathers' emotion recognition and unsupportive emotion socialization practices in children's emotion dysregulation. Results also elucidate that in high risk DV populations, fathers' own emotion regulation may be important to the development of children's emotion dysregulation, independent of fathers' emotion socialization

practices with their children. This study suggests that fathering interventions focussed on unsupportive emotion socialization practices and emotion recognition skills, and in the case of DV fathers, emotion regulation control, may contribute positively to children's emotional regulatory development.

3.1 Introduction

Over the past 40 years research on fathering has established that positive father-child relationships contribute to children's healthy wellbeing (Lamb & Lewis, 2013). Father involvement plays a role in children's cognitive, social and emotional development, and assists in positive child functioning over and above the effect of mothers (Jeynes, 2016; Sarkardi et al., 2008). Studies have shown that children and youth involved with a positive father figure is associated with higher educational attainment (Jeynes, 2015), more enjoyment at school, better emotional and behavioural regulation, and higher social-emotional competence (see Allen, Daly & Ball, 2012; Jeynes, 2016). Although less attention has been paid to research on fathering compared to that of research conducted on mothers, it is noteworthy that studies dedicated to fathering is on the rise, which is challenging past trends of studying parenting through the perspective of mothers (Pleck, 2004; Broughton & Rogers, 2007). This growth in fathering research also coincides with changes in how father involvement is conceptualized in the research literature. That is, fathering is now viewed as a more complex and multidimensional construct, including the quantity and quality of fathers' involvement with their children. Therefore, it is not surprising that recent discussion in the fathering literature is calling for more multifaceted exploration of fathering, which include mechanisms that influence the quality of the parent-child relationship (Ball & Daly, 2012; Lamb & Lewis, 2013), especially within vulnerable and high-risk populations (Yoon, Bellamy, Kim & Yoon, 2018).

3.1.1 Emotion Socialization and Child Outcomes

One pertinent area to explore is paternal emotion socialization (Gottman, Katz & Hooven, 1996). In the mother-child context, emotion socialization has been established as an important predictor of children's healthy emotional development (Eisenberg et al., 2003; Gottman, Katz & Hooven, 1996; Katz, Maliken & Stettler 2012; Meyer, Raikes, Virmani, Waters & Thompson,

2014; Ramsden & Hubbard, 2002). Eisenberg's seminal article on parental socialization of emotion (1998) describes parents as socializers of children's understanding, expression and experience of emotion, which in turn, contributes to their social-emotional competence. That is, how parents respond to children's emotion, using supportive and/or unsupportive practices (i.e., validating or invalidating children's emotions) educates them about the value of emotion, and helps to build children's emotional self-efficacy so that they are able to cope with a variety of situations effectively. Parents play a pivotal role in developing children's emotional competence, and in particular, children's emotional regulation skills, which in turn are linked to many areas of social, emotional and behavioural functioning (Eisenberg, Fabes & Murphy 1996; Eisenberg et al., 1998; Denham, Bassett & Wyatt, 2007; Dunsmore Booker & Ollendick 2013; Katz, et al., 2012; Lunkenheimer et al., 2007).

In discussing such parenting behaviours and their role in children's emotion development, it is important to acknowledge that the majority of studies found within the literature studying parenting behaviours and child outcomes rely on data from single cross-sectional design studies, and therefore are unable to comment beyond the links between parenting behaviour and child outcome (Katz et. al., 2012). In saying this, some studies available within the literature and included in this paper do go beyond claims of association. For example, Eisenberg et al.'s (2003) longitudinal study exploring the relations among parental emotional expressivity, children's regulation, and quality of socio-emotional functioning determined that parents' negative emotionality between the ages of 4.5 – 8 effects children's emotion regulation and behaviours poorly 2 years later. More specific to parental emotion socialization and child outcome, Shortt, Stoolmiller, Smith-Shine, Eddy & Sheeber, (2010) followed a sample of adolescents over a 3 year period and found that youth who received more supportive parenting (parental coaching) about their anger at time 1, had improved emotion regulation and fewer externalizing problems at times 2 when controlling for gender. Furthermore, in a waitlist control intervention study conducted by Wilson, Havinghurst and Harley (2012), examining a number of outcome variables focussing on improving parents' emotion competence and emotion socialization skills, indicated that parenting beliefs about children's emotionality and supportive coaching practices improved significantly over the course of the intervention, and which led to greater reduction in children's problem behaviours. Most of this research exploring the positive role of parental emotion socialization and child outcomes has examined typical family

environments; however, some has explored socialization practices in atypical and higher risk contexts.

3.1.2 Parental Emotion Socialization and Interparental Conflict and Violence

In families where marital conflict and domestic violence has occurred, parent –child relations are often fragile and are at greater risk for problems. Interparental conflict and violence has been identified as a significant factor that negatively impacts children’s regulation of emotion and child adjustment (Cummings et al., 2009a; Morris, Silk, Steinberg, Myers & Robinson, 2007; Gottman & Katz, 1989); however, understanding of the parenting pathways that promote resilience and/or further risk for these children are still emerging (Gottman & Katz 1996; Katz et al., 2012; Katz et al., 2016). Children living in higher conflict family situations experience high levels of stress (Davies, Sturge-Apple, Cicchetti, & Cummings, 2007; El-Sheikh, 1994). Interparental conflict negatively affects the emotional climate in the home, which in turn, increases child emotional reactivity, due to parents own negative emotionality and observation of parents’ unpredictable displays of anger toward each other (Cummings & Davies, 1996; Wong, McElwain & Halberstadt, 2009). Research within the marital conflict literature indicates that high levels of conflict may overwhelm children’s regulatory capacity and which may trigger child adjustment problems through negatively impacting children’s emotional security, a core component of emotion regulation (Cummings et al., 2009a; Davies & Cummings, 1998). Beyond children’s experience of marital conflict, in domestically violent families, where the co-parenting relationship is often severely disrupted and verbal disagreements often escalate to hostility, verbal abuse and aggression (Bancroft & Silverman, 2002, 2004; Edleson, Mbiliniy, Beeman & Hagemeister, 2003; Thompson-Walsh, Scott, Dyson, Lishak, 2018), children may become hyper-vigilant to emotional arousal and distress, further harming emotional security. Repeated exposure to these contexts continually overwhelms children’s emotional and physiological regulatory systems, increasing dysregulation, and often resulting in poor psychological and physical health (Harding et al., 2013; Maughan & Cicchetti, 2002; Morris et al., 2007; Robinson et al., 2009; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffee, 2003). Studying families with a history of marital conflict and domestic violence along with families without such experience will provide researchers with the opportunity to investigate possible

pathways of risk and resilience associated with parental emotional socialization within varying levels of parenting risk.

The small amount of research on emotional socialization that exists in the context of high marital conflict and/or abuse, some parents may have more difficulty using supportive emotion socialization practices, likely exacerbating risk, yet others are able to use supportive practices to protect children from further harm. Research conducted in two studies investigating maternal emotion socialization in a maltreatment sample (mothers who had been physically abusive) found that maltreating mothers had difficulty attending to and using positive emotion socialization practices with their children (Shipman & Zeman, 1999; Shipman et al., 2007). Maltreating mothers when compared to controls were found to have more difficulty discussing emotion, resulting in poor emotional understanding in children (Shipman & Zeman, 1999). Furthermore, maltreating mothers were found to be more invalidating of their children's emotions compared to the non-maltreating group, and their children had more problems in emotion regulation (Shipman et al., 2007). Katz et al., (2016) also investigating maternal emotion socialization practices, but in this case, when children had been exposed to domestic violence perpetrated by their fathers, found that mothers' socialization practices may promote a pathway to resilience for children. Specifically, researchers found that mothers' awareness and acceptance of negative emotions in children, led to better emotion regulation and a reduction of symptomology. Important to consider within the context of these studies, is the role that parents played in their child's victimization and that possibly children may find responsive and supportive involvement of parents who are also abusive to be stressful and overwhelming, dampening any positive effects (Yoon et al., 2018).

Research has also demonstrated the utility of parental emotion socialization in other higher risk populations. For example, supportive maternal emotion socialization practices have been deemed a protective factor for African American families living in violent communities (Cunningham, Kliever & Garner, 2009b) and in families with children with oppositional defiant disorder (Dunsmore, Booker & Ollendick, 2013; Dunsmore et al., 2016). However, in parent offender populations, supportive emotion socialization practices appear to take a different turn. For instance, in a recent investigation of incarcerated mothers as socializers (who were incarcerated for various crimes such as contempt of court, fraud and violent crimes), maternal supportive practices were not received as positive and helpful by their children. Findings were

counterintuitive to what would be expected, in that mothers' validation of children's negative emotions actually led to increased emotion dysregulation and psychopathology in children (Zeman, Dallaire & Borowski, 2016). Further, contrary to results typically found in normative populations, in a sample of father domestic violence perpetrators (Maliken & Katz, 2012), fathers who were more aware of children's fear was related to lower empathy and higher levels of externalizing problems in children. Summarizing across studies, for the most part, it appears that supportive socialization practices may provide a pathway to resilience for children who have been exposed to community, mental health, and familial risk; however, such relationships may operate differently when children are raised in atypical environments, especially when parents are also offenders against their children.

Further challenging our understanding of parental emotion socialization is the suggestion that fathers and mothers play unique roles in the emotion socialization of children across levels of risk (Zeman, Perry-Parish & Cassano, 2010). For example, in a sample of adolescents with and without depressive disorder, parent gender moderated the association between parents' unsupportive socialization practices and adolescent depressive disorder. Specifically, fathers (and not mothers) responded to depressed adolescents' sadness with more punitive responses, than parents of non-depressed adolescents, suggesting that fathers' unsupportive socialization practices may be involved in the development and maintenance of adolescents' depressive symptoms (Shortt et al., 2016). Another study found that maternal and paternal responses to children's sadness and anger differentially predicted children's depressive symptoms. Mothers' unsupportive responses to children's sadness and fathers' unsupportive responses to children's anger were most salient in predicting children's symptoms of depression. Both of these findings highlight the importance of mothers and fathers potentially unique influences based on children's specific emotions (Sanders, Zeman, Poon & Miller, 2015). Similarly, in a recent study evaluating maternal and paternal socialization practices in a lower risk sample of families with younger children, fathers' unsupportive responses to children's negative and positive emotions were found to be more detrimental to children's emotion regulation compared to mothers (Shewark & Blandon, 2015). Finally, and highlighting the positive contribution of fathers as socializers in lower risk sample, McElwain et al. (2007) highlights how fathers' supportive emotion socialization practices were linked to children's emotional understanding while controlling for the effects of mothers. To summarize, results are consistent in supporting

the importance of fathers' emotion socialization, and potentially suggesting great negative impact associated with fathers' punitive practices. Given the increased risk of father's use of unsupportive practices on child outcomes across context, further investigation of fathers comprised of varying levels of parenting risk is warranted.

3.1.3 Theory of Emotion Socialization and Emotion Intelligence

A theoretical framework often used to explore and understand parental emotion socialization (i.e., how parents respond to children's emotions) is Parental Meta Emotion Theory (PMET). This model describes how parents' feelings and thoughts about their own emotions combined with thoughts and feelings about their child's emotions ultimately guide parental emotion socialization practices (Katz et al., 2012). The three components of this model are awareness, acceptance and emotion coaching. Awareness and acceptance highlight the importance of parents' own internal emotional competence and the need to be aware of and accepting of children's emotional expression, regardless of valence. Emotion coaching is the behavioural component of this model and describes the practice of parents as 'socializers' of children's emotions. A good emotion coach is able to label and validate a child's emotional experience whereas a poor emotion coach is invalidating of some or all of children's emotional experiences (Gottman & Katz, 1996). Although research on behavioural aspects of emotion socialization, (i.e., emotion coaching) is more firmly established (see Katz et al., 2012 for a review), work dedicated to understanding what drives these socialization behaviours (i.e., internal factors) is sparse.

A theoretical model that can be combined with PMET to systematically explore parental capacity for emotion socialization is Emotional Intelligence Theory (EI). Emotion intelligence involves understanding the way in which people perceive, understand and manage emotions in themselves and in others (Mayer, Salovey & Caruso, 2004) and overlaps with parental awareness and acceptance (PMET), which ultimately guides socialization practices and subsequent development of children's emotion regulation skills. EI has been studied from both an abilities (Salovey & Mayer, 1990) and a personality trait perspective (Mikolajczak, Luminet, Leroy, & Roy 2007). In putting these two models together and combining behavioural and internal factors for investigation, this study explored the following specific fathering processes: Fathers' observed emotion socialization practices (i.e., responsiveness to children's negative

emotions in either a validating or invalidating way), fathers' self-reported and behaviorally assessed capacity to attend to and respond to emotion (emotion intelligence or emotion competence), and children's emotion regulation skills. Specific features of emotional competence included were fathers': emotion recognition, (ability to accurately identify a child's emotions; cognitive empathy (i.e., ability to perceive a child's emotions and identify needs); and emotion regulation, (i.e., ability to regulate own emotion for the benefit of their child). Moreover, in studying EI from a personality trait perspective, we sought to understand how father's narcissistic and/or self-centered personality traits may be connected to fathers valuing of their children's emotion (i.e., ability to value/prioritize child's needs above own need for recognition). The following sections on emotion competence provide a review of how these traits and abilities are connected to parenting behaviours and child outcome.

3.1.4 Emotion Competence: Traits and Abilities

3.1.4.1 Emotion Recognition

Research conducted in facial emotion recognition accuracy has extended beyond specific clinical populations; (autism-Baron Cohen et al., 2001; depression- Lee, Harkness, Sabbagh, & Jacobson, 2005 and schizophrenia, Craig et al., 2004) to antisocial and violent populations, and the parent- child relationship (Hudon-ven der Buhs & Gosselin, 2018; Wagner et al., 2015).

Facial emotion recognition has been linked to theory of mind capabilities, ones' ability to 'decode' the mental states of others, and found to play an important part in social functioning. The ability to accurately recognize others' emotions has been described as a fundamental skill to guide appropriate responding to successfully relate to others (Baron Cohen et al., 2001).

Therefore, parent's ability to accurately recognize emotional signals in children helps to guide appropriate responding to children's social-emotional needs.

In antisocial and violent/aggressive populations, emotion recognition deficits have been found, which likely negatively impacts this population's ability to effectively respond to others' emotionality. Specifically, in a meta-analysis conducted by Marsh and Blair (2007), antisocial individuals were found to have deficits in accurately interpreting others' emotional facial cues, especially fear. In the context of negative parenting, studies have found that parents who have difficulty properly identifying children's emotions are at higher risk of engaging in punitive and hostile parenting (Asla, de Paúl, & Pérez-Albéniz, 2011; Wagner et al., 2015). Noteworthy, is

that fathers at high risk for physically abusing their children make significantly more emotion recognition errors compared to high-risk mothers (Asla, de Paúl, & Pérez-Albéniz, 2011). Emotion recognition errors within high-risk families have often been attributed to parents' misattributing the meaning of children's emotions (i.e., negativity bias), especially between fathers and their children, whom have been found to more often inaccurately identify children's emotional cues as negative (Francis & Wolfe, 2008; Wiehe, 2003; Maliken & Katz, 2012).

3.1.4.2 Empathy/Perspective Taking

The relationship between parental empathy and positive parenting practices has long been questioned (Wiehe, 1985). What we have learned is that positive parenting practices includes parental cognitive empathy and/or explicit perspective taking skills (Singer, 2006), which can be defined as a parents' ability to have deeper understanding of their children's expressed emotion, (i.e., the ability to put oneself in the child's shoes). Parents ability to understand children's expressed emotion (i.e., perspective taking) has been deemed an important factor in supportive parental emotion socialization practices (i.e., emotion coaching) (Foroughe & Goldstein, 2018). The small but growing literature in parental empathy demonstrates a link between parental empathy and both positive and negative parenting practices. For instance, in a study that evaluated maternal cognitive empathy and parenting in a sample of young children, maternal empathy was associated with positive practices (i.e., mothers' ability to engage in parenting that encourages children to take the perspective of others), which in turn was associated with the development of children's cognitive empathy skills (Farrant, Devine, Murray, Mayberry & Fletcher, 2012). Studies have also found that higher levels of parent to child empathy in community samples predicts higher child self-esteem, greater peer acceptance and less aggression in children (Warren, 2003). Conversely, low parental empathy is associated with the increased likelihood of abusive and negative parenting practices (Wiehe, 2003; de Paul, Perez – Albeniz, Guibert, Asla & Ormachea, 2008; Pérez-Albéniz, & de Paúl, & 2004). More specifically, in higher risk and/or abusive families, research has demonstrated that parents display a limited capacity to think about and understand their children's perspective, particularly in father and child relationships (Francis & Wolfe, 2008; Pérez-Albéniz, & de Paúl 2004; Stover & Spink, 2012).

3.1.4.3 Narcissism/Self Centeredness

Narcissism is a personality trait that includes both adaptive and maladaptive features that exist along a continuum (Sperry, 1995). The core maladaptive features of narcissism include self-centeredness/entitlement, exhibitionism, and exploitiveness (Emmons, 84; Raskin & Terry, 98). Narcissistic traits have been found to be related to aggression and hostility and are considered a hallmark of antisocial populations (Beasley & Stoltenburg, 1992; See Bettencort, Talley, Benjamin, & Valentine, 2006, for a review). Narcissistic traits are also predictive of chronic conflict in marital relationships (Moeller, Crocker & Bushman, 2009). Narcissism has also been linked to other personality structures such as agreeableness and neuroticism (Big Five Factor Model) (See Bettencort, 2006 for a review; Paulhas & Williams, 2002). Within the parenting context, self-centeredness, excessive need for recognition, intolerance, and blatant disregard for others' needs are most commonly recognized as narcissistic features (Collins, 2004).

Narcissistic parents treat children as extensions of themselves who are looking to have their own emotional needs met through their child. Rather than responding adaptively to the emotional needs of the child they may respond with anger and criticism, dismissing the child's need for acceptance and independence (Cohen, 98; Elkin, 1991; Miller 1981). In higher risk families, narcissism, and in particular self-centeredness/entitlement, has been linked to child abuse risk (Crouch et al., 2015; Collins, 2004) In studying personality alongside parental emotion socialization practices, research has found that popularized personality traits- agreeableness and openness traits (Big 5 Factor Model) were strongly tied to mothers' and fathers' emotion socialization practices (Hughes & Gullone, 2010). Taken together, although research is limited in studying narcissism within a parenting context, there is some evidence to suggest that parenting personality features, which overlap with narcissism (see Bettencort, 2006 for a review; Paulhas & Williams, 2002), may be involved in unsupportive emotion socialization practices by impacting parent's ability to value their children's emotional needs.

3.1.4.4 Parental Emotion Regulation

In Eisenberg et als', (1998) influential article on emotion socialization, the importance of parents' ability to manage their own emotions is recognized. Parents who have more difficulty managing their own emotions inevitably have more difficulty with social interactions, and are more dismissing of others' emotions (Eisenberg et al., 1998), especially their children's. According to the meta-emotion framework (PMEP), parents' own emotional awareness is

inextricably tied to successful emotion coaching behaviours (Gottman et al., 1997). Consistent with this model, research conducted in a large community sample found that mothers' awareness and regulation of their own anger enabled them to utilize more positive emotion socialization practices with their children, and in turn, resulted in more favourable social-emotion competence ratings of children by their teachers (Cortes, 2002). In a recent study by Lorber (2012), parents' emotion regulation abilities were also directly linked to parenting, in that mothers' difficulty regulating their own emotions was related to the use of an overactive discipline style with their younger children. Similarly, in an ethnically diverse community sample, mothers who scored higher on self-reported beliefs about the importance of emotion regulation used more supportive parenting practices, whereas mothers who scored lower on this dimension responded more negatively to their children (Meyer et al., 2014). As is the case for emotion recognition and empathy, there is reason to expect that domestically violent fathers will have deficits in this aspect of emotional competence. In a high-risk sample of fathers with antisocial and domestically violent behaviours, and co-occurring substance abuse, fathers reported significantly more difficulty in regulating their emotions compared to community controls (Stover & Spink, 2012). Furthermore, past research has found heightened emotion regulation problems in violent men, specifically in terms of regulation of hostility and anger (Norlander & Eckhardt, 2005; McNulty & Hellmuth, 2008).

Taken together, parents who have more difficulty in recognizing their children's emotions, understanding their children's perspectives (cognitive empathy), putting their child's needs above their own (self-centeredness/entitlement), and regulating their own emotions may be expected to engage in more negative parenting behaviours, which in turn, are related to more problems in children. These relationships are of particular concern in populations of fathers presenting with high conflict/domestic violence. Moreover, understanding how fathers' emotional competence relates to socialization behaviours and child outcomes within varying levels of parenting risk is of primary interest.

3.2 Study Objective and Hypotheses

The purpose of this study was to explore the fathering pathways that promote resilience and/or further risk in children's emotional development. Specifically, this study examined the role of parental socialization of emotion as a prospective pathway through which fathers' emotional

competence relates to child emotion dysregulation problems. It was hypothesized that fathers' emotional competence would be related to both their observed emotion socialization skills and to child outcomes such that fathers with less emotional competence (e.g., less ability in identifying child emotion, lower levels of perspective taking, higher levels of self-centeredness/entitlement, and higher levels of self-dysregulation) would use more invalidating behaviours with their child (poorer emotional socialization) and have children with more problems in emotion regulation. Furthermore, it was hypothesized that fathers' invalidating behaviours would act as a mediator of fathers' emotional competence and negative child outcomes while controlling for various participant characteristics and SES. To examine these questions, a diverse sample of fathers were recruited, thereby ensuring that the sample varied substantially on all emotion competence, direct parenting socialization practices, and child outcome variables. Utilizing this sampling approach allowed investigation of varying levels of risk associated with emotion competence, parenting, and child outcome within a heterogeneous sample of fathers. Finally, given varied living status of the men in our sample and the relationship of emotion competence deficits and problematic parenting in the context of domestic violence (Fox & Benson, 2004; Coley, Carrano & Lewin-Bizan, 2011), exploration of these relationships in the context of domestic violence and father child living status (i.e., moderated mediation) were conducted. See Figure 4 for a conceptual model of study.

3.3 Method

3.3.1 Participants

Participants for this study ($n = 60$) were part of the larger Fathers and Kids longitudinal study on domestic violence perpetration, fathers' parenting and child outcomes. This larger study was conducted over a 3- year time frame and included over 200 fathers, nearly 50 mothers, and 61 children. The smaller subsample of ($n = 60$) in this study included fathers with ($n = 30$) and without ($n = 30$) a documented history of domestic violence (DV) perpetration and mothers and children from these same families. Fathers with a history of DV were recruited through local treatment agencies (The Caring Dads Program and The Partner Assault Response Program at Family Service Toronto) to which they were referred by child protection ($n = 14$) or court-based services ($n = 16$). Fathers without a history of domestic violence were recruited through quota sampling (Henry, 1990) in an attempt to match age and marital status of the DV group. These participants were recruited through ads posted online (Kijiji, Graigslist) and on bulletin boards at

local universities. Advertisements were modified throughout study (e.g. recruiting fathers separated from their partners, recruiting younger fathers) to match age and marital status distribution comparable to that of the DV sample. Fathers who were actively parenting a child (ren) between the ages of 4 to 17 in the past 12 months and who could communicate in English were invited to participate in this study. Prior to analyses, one participant was moved from the community sample to the DV group due to a documented history of involvement with child protective services. Another case was also removed from the data due to the father-child interaction task being uncodable.

Our sample of fathers both with and without a history of domestic violence perpetration were reasonably comparable across socio-demographic characteristics (See table 2.). Fathers were equivalent in age, with the mean age of the participants in the DV and comparison group, 40.70 years ($SD=8.23$) and 40.03 ($SD= 8.76$) respectively. Child participants (as part of the father-child dyad) were also comparable in age. The mean age of children from the DV father-child dyad were 9.70 years ($SD=3.62$) and 8.52 years in the Non DV father-child dyad ($SD= 3.35$). Children across father-dyads were also equivalent in gender. There was; however, a significant difference in whether children lived with their fathers or lived elsewhere. Nearly half of fathers without a domestic violence background (43.3%) lived with their children versus only one quarter of DV fathers (25%). Fathers were mostly equivalent in terms of ethnicity status. As shown in table 4. Fathers with and without a DV background were statistically equivalent in the proportion of fathers that identified as a member of a visible minority; however, the specific minority group that these fathers identified with differed. A higher percentage of fathers with a history of domestic violence identified as African Canadian (30%), whereas (33%) of Non DV fathers identified as Asian. Fathers were not equivalent on level of education and socioeconomic status (see table 4.). Nearly half (45.8%) of our DV sample reported income levels below \$50,000 compared to less than a quarter of our Non DV sample (18.8%). Similarly, the education level of the DV group was lower than that of the comparison group with (16.9 %) of participants in the DV group having university or graduate level schooling compared to (39%) in the comparison group.

3.3.2 Measures

Demographic Information. Basic demographic information was collected from each participant such as age, ethnicity (European Canadian, African Canadian, Asian/South East Asian, and Latin American, aboriginal/other- categories were further consolidated for this study – European Canadian and Non-European Canadian); socioeconomic status/income, (\$19,000 and below, \$20,000 to \$49,999, \$50,000 and above); education, university or graduate school, trade diploma/ /certificate, high school or less; involvement with the child protection system; involvement with the justice system (i.e., domestic violence/ partner assault charge and/ or incarceration); custody and access information, and living arrangements with target child including amount of contact, biological, step or adoptive status, status of relationship with children's other parent, and number of children parented. Due to issues commonly faced with contacting participants for longitudinal research, (Dyson, David & Scott, 2018) locator information was also collected to allow us to contact fathers for the second phase of assessment with their children.

3.3.2.1 Emotion Competence Measures

Fathers' emotional competence was evaluated through the following four constructs; Emotion Recognition (accuracy), Empathy (perspective taking), Narcissism (putting the child's needs above own), Emotion Regulation (managing own emotions). Constructs were assessed as follows:

Emotional Recognition- Reading the Mind in the Eyes Adult; Baron-Cohen, Wheelwright, Hill, Raste and Plumb, 2001). This measure was originally created in 1997 to measure adult 'mentalizing' (Baron Cohen et al., 1997) and was later revised to increase psychometric properties in assessing individual differences in adults' theory of mind (ToM). The current version includes 36 items whereby participants view a black and white picture of the eye region of faces and are asked to choose the word that best describes what the person in the picture must be thinking and feeling (emotional state) from four words (three distracter words and one correct adjective). The Eyes have been used to distinguish clinical populations from non-clinical populations presumed to have ToM deficiencies in participants on the Autism Spectrum (Baron Cohen et al., 2001), dysphoria and depression (Harkness et al., 2005; Harkness et al., 2010; Lee et al., 2005), schizophrenia (Craig et al., 2004) and alcoholism (Maurage et al., 2011) and results support measure validity. Recent papers report acceptable reliability

(Harkness et al., 2010; Prevost et al., 2014; Ragsdale and Foley, 2011 and moderate test-retest reliability .63 using an interclass correlation co-efficient (Fernández-Abascal, Cabello, Fernández-Berrocal & Baron-Cohen, 2013). Test-retest reliability using the Bland-Altman method was also fairly good (Fernández-Abascal, Cabello, Fernández-Berrocal & Baron-Cohen, 2013; Hallerbäck, Lugnegård, Hjärthag, & Gillberg, 2009). Reliability for this current study is acceptable ($\alpha = .77$).

Empathy-Perspective taking (Interpersonal Reactivity Index, (IRI) Davis, 1980; 1983). The IRI is 28-item self-report measure designed to evaluate the cognitive and affective dimensions of empathy. Items are grouped into four 7-item scales that reflect different aspects of empathy: perspective taking, fantasy, empathetic concern, and personal distress. Respondents are asked to rate each item on a scale that ranges from 0 to 4, where 0 "*does not describe me very well*" and 4 "*describes me very well*." In this study the perspective taking scale is solely used to measure a cognitive dimension of empathy, i.e., the capacity to assume the perspective of another [e.g., I sometimes find it difficult to see things from another person's point of view]. These items tap into fathers' ability to adopt their child's perspective "putting themselves in their child's shoes". Higher scores on this subscale are indicative of greater levels of cognitive empathy. The IRI demonstrates convergent and discriminate validity (Davis, 1983) and satisfactory internal consistency (Atkins & Steitz, 2002; Kaźmierczak et al., 2007) for overall scale and subscales. The IRI has discriminated between high- risk violent offenders from non-offenders (Beven, O'Brien-Malone & Hall, 2004) and between abusive and non-abusive fathers (Francis & Wolfe, 2008; Wiehe, 2003). Reliability for the perspective taking scale for this current study is just below acceptable levels ($\alpha = .64$).

The Hypersensitive Narcissism Scale (HSNS; Hendin and Cheek, 1997) consists of 10 items to assess vulnerable or covert forms of narcissism. Participants indicate on a 5- point Likert type scale ranging from 1 (*very uncharacteristic or very strongly disagree*) to 5 (*very characteristic or very strongly agree*) how often they generally experience these feelings. A sample question is: "My feelings are easily hurt by ridicule or by the slighting remarks of others." Responses are summed to create a HSNS total score with higher scores reflecting a higher degree of narcissism. The HSNS has differentiated between father perpetrators of abuse and a group of foster parents (Wiehe, 2003), and more recently, found to increase the risk of aggressive

parenting (Crouch et al., 2015). Hendin and Creek (1997) reported acceptable alpha reliabilities. Internal consistency for the current study is good ($\alpha = .81$).

Difficulties in Emotion Regulation Scale (DERS) (Gratz, and Roemer, 2004) is a 36 item self-report and was used to assess fathers' difficulties in emotion regulation. The DERS measures emotion regulation difficulties across six dimensions of emotion dysregulation: (a) lack of emotional awareness (e.g., "I pay attention to how I feel"), (b) lack of emotional clarity (e.g., "I have difficulty making sense out of my feelings"), (c) non-acceptance of emotional responses (e.g., "When I'm upset, I feel ashamed with myself for feeling that way."), (d) limited access to emotion regulation strategies perceived as effective (e.g., "When I'm upset, I know that I can find a way to eventually feel better"), (e) difficulties controlling impulses when experiencing negative emotions (e.g., "When I'm upset, I lose control over my behaviors"), and (f) difficulties engaging in goal-directed behaviors when experiencing negative emotions (e.g., "When I'm upset, I have difficulty getting work done"). Respondents rate difficulties on a 5-point Likert-type scale ranging from 1 (almost never) to 5 (almost always). Higher total scores and across 6 subscales represent greater difficulties in emotion regulation. The DERS has been found to demonstrate good test-retest reliability (Gratz & Roemer, 2004) and high internal consistency (Fox, Axelrod, Paliwal, Sleeper & Sinha, 2007; Gratz & Romer, 2004), and predictive validity of emotion dysregulation, and associated behavioural outcomes (Fox et al., 2007; Gratz, Paulson, Jakupcak, & Tull, 2009; Gratz & Roemer, 2004). Internal consistency for the DERS in this study is excellent ($\alpha = .91$).

3.3.2.2 Children's Emotion Regulation

Emotion Regulation Checklist (ERC) (Shields and Cicchetti, 1997) is a 24-item parent report used to assess parents' perspective of children's emotion regulation. The scale yields two factor scores, Lability/Negativity and Emotion Regulation, which combine aspects of emotion dysregulation and emotion regulation. The Lability/Negativity scale assesses inflexibility, lability, and dysregulated negative affect. (i.e., 'exhibits wide mood swings'). The Emotional Regulation scale assesses appropriate emotional expression, empathy, and emotional self-awareness (i.e., 'can modulate excitement in emotionally arousing situations'). Respondents rate children's behaviours on a 4-point Likert scale using a frequency response format (1= *never* to 4= *always*). The emotion regulation scale was reverse coded and items were summed across

both scales to create a total score. Higher scores reflect poorer emotion regulation. Reliability coefficients are good for combined and individual subscales. Convergent validity with behavioural observation coding designed to assess emotion regulation in children (Shields & Cicchetti, 1997) has been found. Discriminate validity demonstrates that the ERC can reliably be differentiated from other emotion-related constructs (Shields & Cicchetti, 1997). For this study, internal consistency for the overall measure is $\alpha = .64$ with the internal consistency higher for the Lability/Negativity Scale $\alpha = .82$ compared to the emotion regulation scale $\alpha = .64$. Both mothers' and fathers' reports on their children's emotion regulation were used in this study. Mother and father report were significantly correlated $r(n = 32) = .61, p = \leq .05$.

3.3.2.3 Fathers' Emotion Socialization

The emotion socialization task included in this study is based on the Parent-Child Emotion Interaction Task (PCEIT; Shipman & Zeman, 1999) and used to observationally assess fathers' responses to children's negative emotion. Children were asked to 'talk with your father about a time that you felt ____ (angry, sad and worried/scared). Fathers were told to respond to their child as if s/he had started telling them about this situation on a typical day. Dyads were asked to talk for at least one minute and no more than 5 minutes for each emotion. Each emotion was presented in random order across dyads. The task was videotaped and utterances were coded for fathers' validating and invalidating responses to their children using the Parent-Child Validation/Invalidation Coding System (Schneider & Fruzzetti, 2002). Validating behaviours were reflective of emotional acceptance and include behaviours that show interest in the child's emotional experience or empathic understanding (e.g., 'I felt so mad when other kids picked on me at school' 'I understand why you felt mad. That would have made me mad too.'). as well as behaviours that help children to effectively cope with their emotions (e.g., 'When you are mad, it may help to talk with me, a friend, or teacher about it.'). Invalidating behaviours include responses that function to minimize or dismiss children's negative emotions (e.g., 'you'll get over it'), punish emotion disclosures ('I'll give you something to cry about.') or blame or criticize children for their emotional experience ('You know you shouldn't get mad. When you get mad I get mad'). The parent-child validation/invalidation coding represents a global measure of validation and invalidation and includes both the frequency and intensity of behaviour and verbal and non-verbal (e.g., body posture, tone of voice) behavioural cues. Fathers' specific validating and invalidating responses to their child was coded and used as the

basis for global coding. Global validating and invalidating behaviors were coded using an ordinal scale ranging from 1 to 7, where higher scores are indicative of higher levels of validating and invalidating responses. Table 5 outlines the levels of validation and invalidation, as well as examples of validating and invalidating statements made by fathers. The Parent/Child Validation and Invalidation Coding System was compared against the Validating and Invalidating Behaviors Coding Scale (VIBCS; Fruzzetti, 2001) to ensure coding systems utility across a wide age range (children and adolescents). As a result, minor adjustments were made to the Parent/Child coding system regarding the frequency of higher levels of validation and invalidation thresholds. Specifically, the frequency of invalidating and validating behaviours for levels 5, 6 and 7 were slightly increased to represent a graduated range of invalidating and validating behaviours and to reduce a ceiling effect. Past research supports the inter-rater reliability and construct validity of the coding scheme with children (Schneider & Shipman, 2005; Shipman et al., 2007) and adolescents (Shenk & Fruzzetti, 2011; Shenk & Fruzzetti, 2014). Two research assistants (one undergraduate level and one graduate level) were trained by the author to use the Parent-Child Validation/Invalidation Coding System (Schneider & Fruzzetti, 2002) prior to coding the video-recorded interactions. Coders were randomly assigned ½ of the sample video-recordings to code. All coders were blind to father-child dyad group status and all other data. After all utterances for each dyad were coded the global validation and invalidation coding system was completed.

In the current study, the author and a trained coder coded to consensus on 28 videos (47%) of videos. The author coded remainder of videos (53%) and over 30% of videos were double coded. A 95% inter-rater agreement was achieved across 20 global code comparisons between the author and coder. In accordance with prior studies (e.g., Shenk & Fruzzetti, 2011; 2014), only the global scores were used in the current analyses.

3.3.3 Procedure

The University of Toronto Institutional Review Board approved all study procedures. Data collected for this study were collected during three phases; initial assessment (fathers only), a follow-up assessment with fathers and their children, and an online assessment for mothers. Consent procedures were completed at all time periods. Initial assessment was conducted at the University of Toronto and was completed during a 3-5 hour period. A number of measures were

administered as part of the larger fathers and kids study (i.e., cognitive testing, ECG and skin conductance, parenting and co-parenting interviews and self-reports to name a few).

Administered measures applicable to this study included a number of self-report questionnaires measuring aspects of fathers' emotion competence along with obtaining basic demographic information. The follow-up assessment for fathers – child dyads was completed approximately 3 to 6 months post-initial assessment. Mothers' online assessment was also completed during this time frame post initial father assessment. Assessments completed with fathers and children were conducted at the University of Toronto and were completed during 1 - 2 hour period. The first part of the session (approximately 30 minutes) was conducted with fathers and children individually in separate rooms. Fathers completed additional measures assessing their own emotion competence and providing perspective on their children's emotional and behavioural well-being. Concurrently, children completed questionnaires that assessed their own emotion recognition and regulation skills and perception of how they are parented. A research assistant remained present in each room during completion of measures. The remainder of the session (approximately 1 hour) was dedicated to a father-child dyad assessment. Behind a one-way mirror two researchers observed father and child, and digitally recorded. The father-child dyad assessment comprised a structured interaction task and free play. The structured interaction task evaluating fathers' responsiveness to children's negative emotions was the central feature of this study. Mothers online assessments were approximately 1 hour and completed a smaller subset of the measures that were provided to fathers on emotion competence, parenting, and child emotion regulation. Fathers were compensated \$120 for initial assessment participation and reimbursed for parking/transit. Follow-up assessment participation was compensated at \$75 and reimbursement for parking/transit. Child participants received a movie pass at a value of \$15. Mothers were compensated \$50 for online participation. Initial and follow-up assessment safety and reporting procedures were in place should any of the participants experience significant levels of distress, reported suicidal ideation, or reporting was required to protective child services. Table 6. provides a list of the major measures completed as part of the larger fathers and kids study (time 1) and during the father-child dyad assessment and online mother assessment (time 2).

3.3.4. Data Analyses Strategy

Multiple imputation method in SPSS for missing data was used to augment main analyses. Missing data were identified and no identifiable patterns of missing data were observed. Missing data were averaged across 5 imputation iterations and imputed for the following variables: Emotion competences variables; emotion recognition $n=3$ (5%); perspective taking $n=2$ (3%); narcissism $n=1$ (2%); emotion regulation $n=11$ (18%); mother report on child emotion regulation $n=28$ (47%); father income $n=13$ (20%); education $n=1$ (2%). Primary analyses were also conducted on non-imputed data and results were substantively the same for both non-imputed and imputed data. There were no missing data identified for the remainder of variables in this study: Father report on child emotion regulation and fathers' emotion socialization practices (i.e., invalidation and validation), and other family demographics; living status, biological relationship, gender, father and child age, ethnicity. Variables highly correlated with missing data were entered as predictor variables, including fathers' self-report of emotion regulation, a self-report used in the larger Fathers and Kids study (i.e., Strengths and Difficulties Questionnaire), biological status of child, and fathers' invalidation. Other imputed variables (e.g., education) were used as both predictor and imputed variables. All subsequent analyses used the imputed data ($N=60$).

Primary analyses involved a series of 8 single mediation models also using PROCESS (Hayes, 2012) to test for indirect effects. PROCESS uses the widely recommended bootstrapping method, which has been found to minimize the distribution problems of indirect effects that are common with small samples and can result in diminished power. Single mediation analyses were grouped within two larger models; 1) Invalidation and 2) Validation. Each model consisted of four single mediation models (i.e., eight in total) to test whether paternal emotion socialization behaviours (validating and invalidating responses to negative child emotions) mediated the relationship between paternal emotion competence and child dysregulation. Preacher and Hayes (2013) criteria was followed for substantiation of indirect effects, which states that mediation occurs when the indirect effect is significant and the confidence interval does not contain zero (indirect effects differ significantly from zero).

Moderation analyses involved exploration of the moderating role of fathers with a history of DV perpetration (group) and living status (living with father or living apart from father) on the effects of fathers' emotion competence and emotion socialization behaviours on child dysregulation first using MODPROBE software (Hayes & Matthes, 2009; Hayes, 2015). Living status was probed given that fathers who lived with their children would likely have more of an opportunity to engage in emotion socialization practices with their children compared to fathers living apart from children, and thus may be more impactful to their children's emotional development. Potential moderation was probed using DV and living status separately across each hypothesized mediation pathway (i.e., 28 separate analyses). Finally, a combined model (i.e., moderation and mediation) testing for conditional direct effects using PROCESS software (Hayes, 2013) were used to ascertain whether a significant direct effects exists between fathers' emotion regulation on child regulation for fathers with a history of DV.

3.4 Results

Means, standard deviations (see Table 7), and additional descriptive data (e.g., skew, kurtosis) were obtained for all variables of interest: Emotion competence variables, parent emotion socialization variables (validation and invalidation) and child emotion dysregulation. Descriptive analyses were used to determine normality of variable distributions.

3.4.1 Correlations

The correlations among all study variables are presented in Table 8. Examining the link between father's emotion competence and their observed parenting found that *emotion recognition* (accuracy in recognizing emotions) was significantly related to both parental invalidation and validation. That is, fathers' emotion recognition was negatively associated with their ability to respond to their child's negative emotions using invalidation. A positive significant relationship was found for fathers' use of validation and *emotion recognition*. The three remaining emotion competence variables, *perspective taking*, *narcissism* and emotion *dysregulation*, were significantly correlated with each other; however, were unrelated to fathers' invalidating and/or validating behaviours. Examining the link between parenting behaviours and child outcome, fathers' invalidation was significantly related to child dysregulation in that higher father invalidation was related to higher emotion dysregulation in children. Fathers' validating behaviours were unrelated to child outcome. None of the variables assessing fathers' emotion competence variables were correlated to child outcomes. Finally, as expected there was an

inverse relationship between fathers' validating and invalidating behaviours. Notable is that a simple association between each of these variables (i.e., variables of emotion competence) and child outcome is not required to estimate and test hypotheses about indirect effects (Hayes, 2009; Hayes & Rockwood, 2017).

Table 8 also includes the correlations between potential covariates; paternal age, education level, income, child's age and gender, biological father, living with child with the outcome variable, child emotional regulation. None of the potential covariates examined were significantly related to child emotion regulation and therefore were not entered into mediation models as control variables. See Table 9 & 10 for correlation all variables separated by DV and Non DV samples.

3.4.2 Single Mediation Models

As shown in Table 11, indirect effects were found for one of the 4 paternal invalidation models tested: Fathers' emotion recognition skills were significantly related to fathers' invalidation of children's negative emotions, $t(58) = -2.68, p = .01$ and in turn, to children's emotion dysregulation, $t(57) = 2.84, p = .006$. Once mediation was accounted for, no additional variance was explained by a direct pathway. For the remaining three parent invalidation models, the only relationship that was significant was between fathers' invalidating behaviours and child dysregulation across each model.

As shown in Table 12, none of the four validation models tested were supported. The only relationship that was significant was between fathers' accuracy in detecting emotional faces and validating behaviours. The relationship between fathers' ability to place their child's emotions above their own (i.e., narcissism – self-centeredness/entitlement) was approaching significance. All other pathways were non-significant and no support for mediation were found.

3.4.3 Moderation and Direct Effects

The moderating role of fathers with a history of DV perpetration (group) and living status (living with father or living apart from father) on the effects of fathers' emotion competence and emotion socialization behaviours on child dysregulation were explored. Potential moderation was probed for each hypothesized relationship (i.e., between each of the emotion competence

variables and both mediators, validation and invalidation, the relationship between each of the mediators on child dysregulation, and finally, between each of the emotion competence variables and child outcome were investigated). Therefore, moderation was probed along 28 separate pathways in total. Although it is well known that testing moderators across each of these pathways increases the chance of Type 1 error and may limit power in the ability to detect differences across groups, this was deemed a reasonable approach given the exploratory nature of this analyses and our acknowledgement that fathering is complex and multidimensional construct, especially within various levels of parenting risk. Given this complex sample, it was important to test for sub-group variables that may have predictive relations within this overall model (MacKinnon, 2011).

Probing for moderation across each pathway results indicated a positive moderating effect of DV (group) on the relationship between fathers' emotion dysregulation and child dysregulation ($X \times M = .264$, 95 % CI = .0121 to .5152). In the context of fathers with a history of DV, the correlation between fathers' emotion regulation and child emotion regulation is strong and positive (.231, 95% CI .0302 to .4323), whereas for fathers without such history the relationship is weak (-.032, 95% CI = -.1835 to .1188)(see figure 5). Thus, the relationship between fathers' emotion dysregulation and child dysregulation is stronger for fathers with a history of domestic violence. There was no overall moderating effect for group (fathers with and without a history of DV) on the relationship between the remainder of emotion competence variables (i.e., emotion recognition, perspective taking, narcissism- self centeredness/entitlement) and mediator (invalidation); all emotion competence variables and mediator (validation) or between mediators (validation and invalidation) and child outcome. There were also no moderation effects of living status on any of the aforementioned relationships between emotion competence, emotion socialization and child outcome.

Given the moderating role of fathers with a history of domestic violence on the relationship between fathers' emotion dysregulation and child dysregulation, an overall model (combining both moderation and mediation analyses) were explored in the context of fathers validation and invalidation using PROCESS (Hayes, 2013) software. Similar to those results obtained from simple moderation analyses, significant direct effects when tested with both the invalidation and validation models were found, supporting a relationship between fathers' emotion regulation on

child dysregulation contingent upon history of domestic violence even when accounting for other potential mediating pathways. See Table 13 for validation and invalidation models.

3.5 Discussion

The present study sought to explore the fathering pathways that promote resilience and/or further risk in children's emotional development. Specifically, this study examined the role of paternal socialization (i.e., fathers' validation and invalidation) of children's emotion as a prospective pathway through which the relationship between fathers' emotional competence (i.e., emotion recognition, perspective taking, self-centeredness/entitlement, own emotion regulation) and child emotion dysregulation occurs. Exploratory analyses were also conducted to test the moderating role of fathers with a documented history of domestic violence and living status with their children within mediation models.

Results were only somewhat supportive of hypothesized mediation pathways linking emotional competence to child outcomes through emotion socialization, with only one aspect of emotion competence supported and with invalidation only. That is, in a sample of fathers with varying levels of history of domestic violence perpetration, fathers' poor emotion recognition (one aspect of emotional competence) was related to fathers unsupportive/invalidating behaviours, which in turn, was linked to child emotion dysregulation. Findings provide some support for the idea behind emotion intelligence theory, (Mayer & Salovey, 1997) and PMEP theory (Gottman & Katz, 1997), in that a person's understanding and management of emotion in self and others has implications for others' emotionality (Mayer & Salovey, 1997; Mayer, Salovey & Caruso, 2004; Salovey & Mayer, 1990). This study also extends past research conducted with clinical (e.g., Lee, Harkness, Sabbagh, & Jacobson, 2005) and antisocial/violent populations (Marsh & Blair, 2007) exhibiting deficits in recognizing facial cues, to the parent-child relationship with varying levels of risk, and impact on children's emotionality.

In addition, some support for moderation effects were obtained with fathers with a history of domestic violence, though for one explored pathway only. Fathers' history of domestic violence perpetration moderated the relationship between fathers' emotion dysregulation (another aspect of emotion competence) and child dysregulation, independent of fathers'

invalidating/unsupportive parenting behaviours used with their children, such that fathers' emotion dysregulation and child dysregulation was significantly and positively related within a domestic violence context but not in a non-DV context. This study is one of very few to examine the links between fathers' emotion regulation and child outcome, and is the only study the author is aware of that has supported moderation in this area with high risk fathers. Study findings extend past research studying emotion regulation problems in violent men (Norlander & Eckhardt, 2005; McNulty & Hellmuth, 2008; Stover & Spink, 2012) to child outcomes, and is contributing to a growing body of knowledge of the importance of fathers' emotional regulation in the context of domestic violence. It is also important to acknowledge other possible explanations for moderation effects.

Although there was some support for hypothesized pathways, many aspects of fathers' emotion competence and emotion socialization were not related as hypothesized. Specifically, there was no support for fathers' unsupportive/invalidating behaviours as a mediator through which three indicators of fathers' emotion competence (i.e., perspective taking, narcissism- self centeredness/entitlement, and emotion regulation) relate to child emotion dysregulation. The validation model (i.e., fathers validating behaviours as a mediator of all four identified emotion competence variables on child dysregulation) was unsupported. Moreover, the moderating role of fathers with a history of DV perpetration and living status were mainly unsupported. That is, there was no moderating effect for group (fathers with and without a history of DV) on the relationship between emotion competence and mediators (validation/invalidation), between mediators and child outcome, or between emotion competence and child outcomes, except for emotion regulation (an aspect of emotion competence) and child outcome. There were no moderation effects of living status on any of the aforementioned relationships between emotion competence, emotion socialization and child outcome. This finding was not completely surprising given recently published studies on the positive effects of non-residential fathers and that time spent with fathers is less important to children's development compared to overall quality of fathering (see Adamsoms & Johnson, 2013).

To elaborate on these results, it is important to examine the findings across each of the pathways in more detail; the relationships between father's emotion competence and child emotion

dysregulation; the relationships between father's socialization practices and child outcomes; and the lack of relationship between father's emotion competence and observed behaviour.

As reviewed, one finding of this study was that DV fathers' poor emotion regulation was related to child emotion dysregulation in the context of DV, but not through parenting (at least as assessed via the emotion socialization task). There are a number of possible explanations for this finding which include both environmental and genetic influences. One possible pathway through which fathers' emotion regulation affects children's regulatory capacity independent of their parenting behaviour is modeling. Observing others' behaviour, such as a parent model, has long been considered a primary method of environmental learning (Bandura, 1971; 1977; 1986). Parent modeling of negative or positive behaviours can influence positive or harmful development of children's emotional regulatory systems and behaviours (Von salich 2001; Morris et al., 2007 for a review). Therefore, and similar to past research (Parke, 1994; Han et al., 2015), children may have learned problematic emotion regulation strategies through observing and copying an emotionally dysregulated parent (Bermann & Levendosky, 1998; Chang, Schwartz, Dodge, & McBride-Chang, 2003; Jaffe, Crooks and Wong, 2005). Alternatively, given the role that parents play as primary 'regulators' of their children's emotion (Hughes & Baylin, 2012; Siegel 2012) an extremely dysregulated parent, such as a hostile and abusive father, may overwhelm children's emotional regulatory systems (Harding et al., 2013; Maughan & Cicchetti, 2002; Morris et al., 2007; Robinson et al., 2009) and disrupt children's emotional regulatory development and coping.

Within the context of these findings, we also need to consider genetics (i.e., the traits that children may inherit from their parents). Although it is well understood that environmental factors, including the parent – relationship are related to a host of child outcomes (Prime & Schnieder, 2018) heritability studies also provide substantial evidence that genetic factors play a role in child outcomes, including child psychopathology (Polderman, Benyamin, de Leeuw, Sullivan, van Bochoven, Visscher et al., 2015). For example, a recent meta-analysis conducted by Polderman and colleagues (2015), spanning 50 years and including 14 million twin studies, determined that up to 49% of childhood psychological problems can be attributed to genetics. Furthermore, another movement of genetic research suggests that what children may actually inherit is a general vulnerability or risk that makes them more susceptible to development of

psychological problems (Wade & Binnoon- erez, 2018). This general vulnerability or ‘P factor’ named by Caspi and Colleagues (2014) (“p” is for psychopathology) accounts for on average over one third of the variance in psychological problems and is particularly relevant to this study given that this meta-framework indicates that children’s vulnerability to negative emotionality and emotion dysregulation may be at the core of these problems (Carver, Johnson, & Timpano, 2017). Taken together within the context of this study, in addition to possible environmental effects (i.e., modeling), children’s own emotion dysregulation may be in part genetically influenced (Eisenberg & Morris, 2002; Polderman et al., 2015; Wade & Binnoon-erez, 2018). Thus, fathers and children might both have emotion regulation problems because of shared genes and/or general underlying vulnerability influencing these behaviours. Within this discussion, it is also important to consider the interplay between environmental and genetic factors. That is, although a core aspect of children’s poor emotionality may be inherited, children’s ability to regulate their emotions may be further comprised by being exposed to their fathers’ emotional dysregulation. Child dysregulation is also likely further exacerbated by the already poor parent-child relationship that exists within a domestic violence context, with father and child each negatively shaping each other’s behaviours and emotions, contributing to dysregulated interaction patterns and behaviours (Beauchaine & McNulty, 2013; Sameroff, 2010).

It is also worth mentioning the lack of relationship between other emotion competence variables (i.e., emotion recognition, perspective taking, self-centeredness/entitlement) and child outcome for fathers with domestic violence. In keeping with the explanation of modelling, it is possible that these variables were less receptive to behavioural modeling as they are considered more cognitive orientated processes and perhaps why they were unrelated to child outcome. Further, and in keeping with the discussion about genetics and a heritable ‘P factor’, perhaps these cognitive factors explain less of the variance in either fathers’ behaviour or child outcomes relative to fathers inherited general vulnerability or risk stemming for problems associated with emotion dysregulation.

Turning to the relationships between parental emotion socialization practices and child outcomes, results indicate that fathers’ emotion socialization behaviours were consistently and significantly linked to children’s emotion dysregulation problems within the invalidation model

whereas fathers' emotion socialization behaviours and child outcome within the validation model were unrelated. This finding is particularly surprising given that the relationship between fathers invalidating and validating behaviours were in the expected direction (i.e., inversely and significantly related). Thus, the question remains as to why fathers' invalidating behaviours were related to child outcome yet fathers validating behaviours were unrelated. First, when interpreting the relationship between parenting behaviours and child outcome, it is important to consider directionality and acknowledge the potential transactional effects within the parent-child relationship (Sameroff, Gutman & Peck, 2003). That is, during parent-child interactions reciprocal processes are often at play (i.e., children's negative affect may be evoking their fathers' negative and invalidating behaviours, and in turn, fathers invalidating behaviours are maintained and/or heightened, perhaps in an attempt to try and 'shut down' children's heightened emotionality), and contributing to poor child outcomes (Sameroff, 2010). There is a significant body of research on deleterious outcomes associated with reciprocal negative interactions within parent-child relationships (Pettit & Arsiwalla, 2008). Less research has explored positive reciprocity (see Kochanska, Kim & Boldt, 2015 for an exception) or compared the relative strength of reciprocal patterns of negativity and positivity. It may be that the harm associated with negative (invalidating) behaviours cannot be undone or simply made up for replacing with a comparable amount of positive (validating) behaviours. That is, to remediate the powerful and harmful effects of negative (invalidating) behaviours a higher dose of positive (validating) behaviours is likely required (Keysar, Converse, Wang, & Epley, 2008). Zemp, Merrilees and Bodenmann (2014) for example examined the relative influence of inter-parental negativity and positivity on child outcomes in 375 families. On the basis of their results, they suggested that at least twice the amount of positivity than negativity in parents' relationship was required in order to buffer the effects of inter-parental negativity on child outcomes. Similarly, within the father-child relationship, it may be that the effect of validation can only be understood in reference to the ratio of validating to invalidating responses.

Another potential explanation for the lack of positive effects of fathers' supportive (validating) parenting, is that even in cases when fathers are more validating with their children the positive effects of validation on child outcome are diluted by unsupportive and/or invalidating responses when invalidation occurs in the context of abusive, neglect or other atypical parenting circumstances. Zeman et al., (2016), for example, found that in a sample of incarcerated

mothers, mothers' use of validating parenting (with sadness) was associated with worse, rather than better, outcomes for children. The authors offered several potential explanations for this finding. They wondered if validating responses were uncommon for children of these mothers, and thus potentially interpreted by children as insincere or mocking, leading to exacerbation of children's symptoms rather than increased emotion regulation capacity. Alternatively, they suggested that because these high-risk children may be unaccustomed to receiving consistent, sensitive responses, experiencing such a response may have led to emotional flooding. Finally, similar to the explanation proposed above, they suggested that the overall ratio of validation to invalidation may be more important in this context than the level of either alone.

Next, it is important to explore why the majority of emotion competence variables were unrelated to parenting, except for fathers' emotion recognition accuracy. One plausible explanation is social desirability bias due to self-report. In this study, all indicators of emotion competence, with the exception of emotion recognition accuracy, were measured by father self-report. Fathers' emotion recognition accuracy (identification of emotional facial cues); however, was measured by a researcher led task and found to be significantly related to parenting (within both validation and invalidation models). Therefore, we could suggest that men are biased reporters of their own emotion competence (i.e., some fathers are biased positively in their self-report in a way to make them seem more desirable) or are simply inaccurate observers of their own emotion processes, which may be contributing to the lack of correlation between emotion competence and observed behaviour. Including a measure of bias in future research would help to test this hypothesis.

Beyond an explanation of problems in self-report, it is also important to consider other pathways involved in fathering behaviours. That is, fathers' emotion socialization behaviours may be impacted by variables other than emotion competence. For instance, perhaps fathers' parenting knowledge and skills play a greater role in variation of fathers' level of invalidation. Perhaps fathers in this study lack the knowledge and skills to effectively emotion coach (validate) their children's emotions and instead use invalidating, and dismissing behaviours with their children. Another possible pathway is through father's attachment-related memories and emotions. Parents own experience of being parented and attachment-related history are important predictors of parent-child relationships and child outcomes. Parents who experienced a

dismissing, critical and/or inconsistent parenting growing up, may experience challenges in their own parenting (Howard, 2010; McFarland-Piazza, Hazen, Jacobvitz & Boyd-Soisson, 2012). For example, when children are displaying negative and intense emotions, parents with insecure attachment representations may find them overwhelming, causing them to respond in invalidating ways, due to the triggering of their own painful memories growing up (Foroughe & Goldstein, 2018). Painful emotions such as anger, shame and blame may be related to parent's own memories of the constant pressure to achieve, the need for perfection, or perhaps related to experience of childhood trauma (Foroughe & Goldstein, 2018). Parents memories and emotionality connected to these past experiences can be triggered by children's negative emotionality and interfere with parenting ability and validation of children's behaviours by blocking access to parents' abilities and learned parenting skills (Foroughe & Goldstein, 2018; Siegal, 2010; Stillar et al. 2016). In our sample, it is possible that attachment memory and emotions may have interrupted the relationship between parenting ability/competence and behaviours and why there is a lack of relationship between fathers self- reported emotion competence and observed parenting.

Taken together, results for this study highlight that fathers' ability to accurately identify emotions in their children, and manage their own emotions in high-risk populations, are important to child outcomes. Consistent with hypotheses, fathers' inability to recognize emotional facial cues in children was related to their invaliding parenting, and in turn, related to child dysregulation. Moreover, fathers' own difficulty in regulating their own emotions was related to children's emotion dysregulation behaviours for fathers with a history of domestic violence. These findings suggest that fathers' awareness of their children's emotion recognition skills alongside awareness and management of their own emotionality are needed to contribute positively to children's emotion regulation development. Furthermore, in line with Mayer and Salovey's (1997; Mayer et al., 2004) notion that EI 'emotion competence', abilities build on each other, results from this study suggest that fathers may hold only the most basic level of emotional competence, (i.e., emotion recognition), which requires further development to achieve a higher level of competence. Finally, and particularly important within the domestic violence context, paying attention to father deficits of emotion recognition and management of emotion regulation as pathways of risk on children's regulatory capacity is important.

3.5.1 Limitations and Future Directions

Several limitations should be acknowledged. First, a major concern is reliance on father report for most emotion competence variables. Fathers' self-reported evaluation of emotional capacity may have been impacted by social desirability reporting bias. Fathers may have rated themselves more positively on these measures resulting in bias. Going forward we recommend incorporating spouse/partner-ratings of fathers' emotion competence. As indicated in a recent study by Cassano et al., (2014), spouses are good reporters of emotion socialization practices, and therefore likely to be able to accurately report on other areas of emotionality such as spouses' emotion competence. An independent measure of social desirability may also be useful especially when working with fathers in a domestic violent context and may be at greater risk of desirability bias due to fear of stigmatization and/ or negative repercussions (Dyson, David & Scott, 2018; Sydor 2013). For example, many of these fathers were either previously, or are currently, working with protective child services where parenting quality is of the utmost importance. Concern about having their parenting abilities assessed may lead to self-report bias and social desirability effects.

Beyond measurement concerns, a limitation of the current study was the inability to capture fathers' possibly ongoing violence which could have confounded results. Given that domestic violence often continues after a domestic violence charge, especially within the co-parenting relationship, children may continue to be exposed to DV, with resulting impacts on their emotional and behavioural development (Bancroft & Silverman, 2002, 2004; Thompson-Walsh, Scott, Dyson, Lishak, 2018; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffee, 2003). Although it is difficult to envision how it might be possible to capture this information ethically within the context of mandated reporting of child exposure to DV, there is a clear limitation to interpretation associated with the lack of information about fathers' potentially ongoing physical, emotional and psychological abuse of children's mothers.

An additional major limitation to this work is its use of a cross-sectional design. Since this design consists of a one-time measurement of exposure and outcome, we are unable to derive any causal relationships from this study. Thus, we have to be careful about interpreting anything beyond a correlational nature between fathers' emotional competence, parenting behaviours, and child outcomes. To begin to understand the directionality in such a model, longitudinal

methods are required in the future to detect the directionality of these pathways. In addition, to provide a more comprehensive evaluation of how these emotional processes operate within families, it is suggested that future coding and analyses evaluates the transactional effect between parent and child within the context of emotion socialization. Evaluating bi-directional processes will allow us to understand child behaviours that evoke certain validating and/or invalidating responses in their parents and evaluate parent-child interactions in more depth.

Factors that may reduce the replicability of this study's results should also be considered. First, with regards to sample size, although the chosen analyses have been deemed appropriate for smaller samples (Hayes, 2013), there is still some question regarding statistical power. Given the small sample size of nearly 60 men and their children there was reduced power to detect mediation and moderation. Thus, the importance of findings can only be confirmed with replicability of results. Furthermore, 8 single mediation analyses and 28 separate analyses probing for moderation effects were conducted. This approach was deemed reasonable given the exploratory nature of this work; however, it is also important to acknowledge that conducting this high number of individual analyses increased the chance of Type of 1 error and likely further reduced study power. Notable in case of mediation analyses, is that some error was offset because validation/invalidation models are considered non-independent of each other (i.e., validation and invalidation variables are significantly related), although chance of Type 1 error still exists. Specific to moderation findings, it is also recognized that different levels of variability for parents' report of child emotion dysregulation within the Non DV group compared to the DV group may have contributed to moderation findings. Moderation effects may also be augmented by other risk factors within the DV group, such as trauma.

Finally, generalization of study results should be mentioned. One of the main strengths of this study is the focus on fathers. This can also be viewed as a limitation in that we can only apply these findings to fathers as socializers. Given past research on unique gendered socialization practices (Zeman et. al., 2010), it is important study fathers alongside mothers to understand how father's and mother's socialization practices may differ and subsequently effect child outcome.

These findings also provide consideration for future treatment interventions for emotional processes and socialization practices for families with varying levels of parenting risk across different contexts. In general, providing fathers with psychoeducation and skills training that is

targeted toward more child-centered parenting is recommended. That is, helping fathers to be less emotionally invalidating with their children and develop emotional processing skills, which includes the ability to identify and attribute proper meaning to children's emotional cues. Furthermore, alongside teaching fathers how to be less invalidating teaching them to be more aware of their own mood and how to better regulate their own emotions, especially for fathers within a domestic violence context, is needed. Finally, to aid in fathers' ability to develop their emotional processing capacity and socialization behaviours it will also be important to provide counsel on fathers own emotional history and experienced pain, which may be getting in the way of fathers' ability to respond to their children with less invalidation.

3.5.2 Conclusion

This research contributes to the fathering literature, parental emotion socialization, and domestic violence literatures. First and foremost, research findings contribute to the calling for a more multifaceted understanding of fathering within different levels of parenting risk, by exploring pathways through which the quality of fathering effects the development of children's regulatory systems. Furthermore, this study also contributes to literature on fathering within a domestic violence context, by providing some understanding about the role of fathers' own emotionality in the development of children's dysregulation within a high-risk context. It is hoped that this research will not only continue to highlight the importance of researching different and complex dimensions of fathering but also inform prevention and intervention programs for fathers, especially those with domestic violence backgrounds. Developing interventions that target fathers' invalidating behaviours and emotional processing difficulties will reduce the risk they place on children's own regulatory development and increase children's resiliency in dealing with emotionally challenging situations in the future. This is particularly important for father perpetrators of domestic violence and their children who are already at higher risk for parenting issues and child emotion regulation difficulties.

Tables

Table 4. Participant Characteristics

	All fathers	DV Fathers	Non-DV Fathers	<i>t</i>	χ^2	<i>p</i>
Father's age, <i>M (SD)</i>	40.37(8.44)	40.70 (8.23)	40.03(8.76)	.304		
Father's annual income, % (n)						
\$19,999 and below	29.2 (14)	22.9(11)	6.3(3)		10.55	.004
\$ 20,000 to \$49,999	35.4 (17)	22.9(11)	12.5(6)			
\$ 50,000 and above	35.4 (17)	8.3 (4)	27.1(13)			
Father's education level, % (n)						
University (undergraduate and graduate)	55.9(33)	16.9(10)	39.0 (23)		11.09	.004
Trades diploma/certificate	25.4(15)	16.9 (10)	8.5(5)			
High-school diploma/certificate or less	18.6(11)	15.3(9)	3.4(2)			
Child age, <i>M (SD)</i>	9.11(3.51)	9.70 (3.62)	8.52 (3.35)	1.31		
Child living with father (1 = yes), % (n)	68.3(41)	25.0(15)	43.3(26)		9.32	.005
Child's gender, (1 = male), % (n)	50.0(30)	46.7(14)	53.3(16)			
Child biological, (1=yes), % (n)	86.7(52)	76.7(23)	96.7(29)		5.19	.052
Father's race/ethnicity, % (n)						
European Canadian, (1=yes), % (n)	38.3 (23)	23.3 (14)	15.00 (9)			

Note: *X* = Note: Fishers Exact was used when cells < 5. Fishers Exact is reported *P* value in table. All *N*= 60 except for Income *N*= 48 and Education *N*= 59.

Table 5. Description of Validating and Invalidating Behaviours

<u>Validating Behaviours:</u>	<u>Levels:</u>	<u>Invalidating Behaviours:</u>
Level 1: No or Minimal Validation or no Invalidation		
Reflecting, acknowledging, functionally responding and/or asking questions.		Father is actively participating in conversation.
Child: <i>Talking about a situation when he was angry.</i>		
Father: <i>“Ok, but then later on you said that you were angry at yourself too.”</i>		
Level 2: Very Low Validation or Invalidation		
Reflecting, acknowledging functionally responding, asking questions, problem solving		Distracted and/or changes subject.
Child: <i>“I was really worried and scared when I went on that trip”.</i>		Father: <i>“Makes you a little bit sad when she does this?”</i>
Father: <i>“What made you worried and scared when you were on your trip?”</i>		Child: <i>Nods head</i>
		Father: <i>“What do you want to do when we get home?”</i>
Level 3: Low Validation or Invalidation		
Higher forms of mild validation, using clarifying/interactive responses.		Higher level of distraction or ending conversation before the child expresses emotion.
Child: Discloses he was sad when somebody made a joke about him.		Child: Describes a situation about being worried because he failed a math test.
Father: <i>“I know it hurts, when somebody insults you” [...]</i> <i>Don’t accelerate the game by insulting back.”</i>		Father: <i>(Pause) But I thought you were doing good in school? I thought you improved. (Dad has a confused look on his face).</i>

Level 4: Moderate Validation or Invalidation	
<p>Mild validation and/or mild re-contextualizing.</p> <p>Child: <i>Child doesn't want to tell his brother he is upset with him about something.</i></p> <p>Father: <i>"You shouldn't be scared about telling him...Your brother loves you very much. I know that sometimes he has problems lately, but he loves you very, very much, he wants you to be happy. I know he does."</i></p>	<p>Does not validate child's disclosure of mild/moderate intensity.</p> <p>Child: Child discloses he is sad because his friend doesn't want to play with him anymore.</p> <p>Father: <i>"Then look for another kid to play with."</i></p>
Level 5: High-Moderate Validation	
<p>Stronger re-contextualizing of child's emotional experience and offering ideas about emotional state.</p> <p>Child: Child describing situation about problems with his friend. <i>"I just think he's trying to be funny sometimes."</i></p> <p>Father: <i>"I think he is trying to be funny sometimes but he doesn't do it at the right times."</i></p>	<p>Higher levels of invalidation, which include minimizing and blame of emotional expression.</p> <p>Child: Describes a situation about a boy from school and being mad. <i>"He showed up there [when he was out with mom] and he kept kind of like following me. Cause I can see him in the distance. He was like right behind me. And sometimes he keeps texting me sometimes... oh I love you and all that. I told him to stop".</i></p> <p>Father: <i>What's wrong with that? The boy likes you.</i></p>

Level 6: Strong Validation or Invalidation	
<p>Stronger validation, which includes accepting child's emotion experience, normalizing, and empathy of emotions.</p> <p>Child: Disclosed a situation about being angry because he wasn't allowed to do something his friends were doing.</p> <p>Father: <i>"Right and you felt like you were left out and that made you angry because you couldn't see a good reason why. As a kid, often times people are telling you what to do and how to do it and its frustrating especially when you want to do something all your friends are doing ... it makes sense that you should be able to do it too and it's unfair...."</i></p>	<p>Stronger invalidation, which includes agreeing with child's self-invalidation, "parentification", being critical of child, and hanging out to dry.</p> <p>Child: Discloses situation about being afraid. <i>"Okay. That's why I am afraid of spiders. And everything about spiders. That's it."</i></p> <p>Father: <i>Does not respond and looks away.</i></p>
Level 7: Very Strong Validation or Invalidation	
<p>Stronger validation that increases in frequency.</p> <p>Child: Describes a situation when he was scared.</p> <p>Father: <i>"If my dad was yanking on my coat, I would feel</i></p>	<p>Stronger invalidation that increases in frequency.</p> <p>Child: <i>Discloses that he gets scared when dad drives fast.</i></p> <p>Father: <i>"Because you think we're going to crash and die?"</i></p>

Table 6. Constructs and Measures for each Time Period

Constructs and Measures	Father Report		Mother Report		Father & Child Obs.
	Time 1	Time 2	Time 1	Time 2	Time 2
<u>Emotional Competence (predictor variables)</u>					
<i>Emotion Recognition: Mind in the Eyes (RMET)</i>	✓				
<i>Empathy- Perspective Taking: Interpersonal Reactivity Index (IRI)</i>	✓				
<i>Narcissism- 'self centeredness': Hypersensitive Narcissism Scale (HSNS),</i>	✓				
<i>Paternal Emotion Regulation: Difficulties in Emotions Scale (DERS)</i>	✓	✓			
<u>Father Emotion Socialization</u>					
(Emotional Validation and Emotional Invalidation) Parent-Child Interaction Task (PCIT)					✓
<u>Child Emotion Regulation</u>					
<i>Emotion Regulation Checklist (ERC)</i>		✓		✓	

Table 7. Means and Standard Deviations for Major Study Variables for all Fathers by Group: DV and Non-DV Fathers

<i>M (SD)</i>	All Fathers (<i>N</i> =60)	DV Fathers (<i>N</i> =30)	Non-DV Fathers (<i>N</i> =30)
<u>Emotion Competence</u>			
1, Emotion Recognition	.66 (.15)	.64 (.18)	.68 (.13)
2, Perspective Taking	3.63 (.62)	3.66 (.66)	3.59 (.60)
3, Vulnerable Narcissism	2.50 (.72)	2.53 (.77)	2.47 (.68)
4. Father Emotion Dysregulation	1.83 (.46)	1.92 (.48)	1.74 (.44)
<u>Father Emotion Socialization</u>			
5. Parental Validation	4.53 (1.10)	4.57 (1.17)	4.50 (1.04)
6. Parental Invalidation	4.58 (1.81)	5.12 (1.82)	4.00 (1.61)
<u>7. Child Emotion Dysregulation</u>	1.69 (.35)	1.64 (.41)	1.74 (.29)

Table 8. Correlations for All Fathers: SES Variables and Emotion Competence Variables; Parental Validation and Invalidation, and Child Emotion Dysregulation

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Emotional Accuracy	–														
2. Perspective Taking	-.07	–													
3. Vulnerable Narcissism/SC	.01	-.32*	–												
4. Parental E Regulation	-.16	.45**	.31*	–											
5. Parental Invalidation	-.33**	-.07	.11	.03	–										
6. Parental Validation	.37**	-.03	.22 [†]	-.18	-.30*	–									
7. Child E Regulation	-.07	-.12	.20	.19	.36**	-.00	–								
Participant Characteristics															
8. Paternal Age	-.16	.07	-.16	.08	.08	-.12	.10	–							
9. Education	-.18	.04	.30*	.33*	.22 [†]	.03	-.12	-.01	–						
10. Income	.08	-.04	-.26*	-.43*	-.30*	-.02	.02	.12	-.44*	–					
11. Child Age	-.10	.23	-.28*	-.20	.21	-.26*	-.10	.46**	.12	.01	–				
12. Child Gender	.13	-.14	.06	.02	-.10	-.04	-.14	-.05	-.12	.08	-.08	–			
13. Father living with child	-.05	-.02	.20	.10	.05	.11	.02	-.18	.04	-.02	-.05	.25 [†]	–		
14. Biological father	.05	.06	-.08	.13	.33**	-.32*	.20	.29*	.29*	-.17	.24 [†]	-.10	-.06	–	
15. Ethnicity	-.22 [†]	.28*	-.10	-.05	-.09	-.33*	-.16	-.05	-.03	-.05	-.02	-.03	.02	.01	–

Note. Correlations $N=60$ across all variables. The following variables were scored as: Gender – male (1) and female (2). Biological Father (1) yes and (2) no (step). Living with child yes (1) and (2) no. Ethnicity (1) Canadian and (2) Canadian – No. Higher scores on education = less education (high school or less) and lower scores = more education (university or graduate school). Lower Scores on income = less income (\$19,000 and below) and higher scores = higher income (\$50,000 and above). Pearson correlations were used for all variables with the exception of Spearman's R used for education, income, gender, father living with child, biological father and ethnicity.

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 9. Correlations for DV Fathers: SES Variables and Emotion Competence Variables; Parental Validation and Invalidation, and Child Emotion Dysregulation

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Emotional Accuracy	–														
2. Perspective Taking	-.15	–													
3. Vulnerable Narcissism/SC	-.04	-.34 [†]	–												
4. Parental E Dysregulation	-.12	-.52**	.36 [†]	–											
5. Parental Invalidation	-.28	-.10	-.02	.10	–										
6. Parental Validation	.41*	-.11	.06	-.12	-.53**	–									
7. Child E Regulation	.02	-.09	.12	.42*	.44*	-.01	–								
Participant Characteristics															
8. Paternal Age	.06	.11	-.28	-.01	.05	-.10	.12	–							
9. Education	-.15	.01	.22	.26	.20	.16	-.09	-.27	–						
10. Income	.11	.25	-.26	-.54*	-.16	.24	-.09	.24	-.24	–					
11. Child Age	.07	.35 [†]	-.56**	-.41	.17	-.33 [†]	-.23	.38*	-.05	.37*	–				
12. Child Gender	.05	-.19	.14	.31	-.02	-.03	.03	.07	-.12	.20	-.08	–			
13. Father living with child	.02	-.06	.21	.10	-.10	.12	.04	-.20	-.13	.20	-.15	.40*	–		
14. Biological father	.17	.12	-.14	.25	.30	-.43*	.24	-.09	.32 [†]	-.07	.19	-.12	-.24	–	
15. Ethnicity	-.44*	.13	.02	.12	.03	-.40*	-.12	.09	-.04	-.01	-.11	.06	.13	.04	–

Note. Correlations $N=60$ across all variables. The following variables were scored as: Gender – male (1) and female (2). Biological Father (1) yes and (2) no (step). Living with child yes (1) and (2) no. Ethnicity (1) Canadian and (2) Canadian – No. Higher scores on education = less education (high school or less) and lower scores = more education (university or graduate school). Lower Scores on income = less income (\$19,000 and below) and higher scores = higher income (\$50,000 and above). Pearson correlations were used for all variables with the exception of Spearmans R used for education, income, gender, father living with child, biological father and ethnicity.

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 10. Correlations for Non DV Fathers:SES Variables and Emotion Competence Variables; Parental Validation and Invalidation, and Child Emotion Dysregulation

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Emotional Accuracy	–														
2. Perspective Taking	.09	–													
3. Vulnerable Narcissism/SC	.12	-.31 [†]	–												
4. Parental E Regulation	-.15	-.42*	.24	–											
5. Parental Invalidation	-.33 [†]	-.09	.25	-.21	–										
6. Parental Validation	.34	.06	.42*	-.22	-.06	–									
7. Child E Regulation	-.33 [†]	-.12	.27	-.08	.42*	-.00	–								
Participant Characteristics															
8. Paternal Age	-.44*	.03	-.04	.16	.10	-.15	.04	–							
9. Education	-.15	.01	.22	.26	.20	-.17	-.09	-.27	–						
10. Income	.11	.25	-.17	-.54**	-.16	.24	-.09	.24	-.24	–					
11. Child Age	-.08	.07	.05	-.04	.17	-.19	-.15	.55**	-.05	.37*	–				
12. Child Gender	.05	-.19	.14	.03	-.02	-.03	.03	.07	-.12	.20	.08	–			
13. Father living with child	.02	-.06	.21	.10	-.10	.12	.04	-.20	-.13	.20	-.15	.40*	–		
14. Biological father	.17	.12	-.14	.25	.30	-.43*	.24	-.09	.32 [†]	-.07	.19	-.12	-.24	–	
15. Ethnicity	-.44*	.13	.02	.12	.03	-.39*	-.12	.09	-.04	-.07	.19	-.12	-.24	.04	–

Note. Correlations $N=60$ across all variables. The following variables were scored as: Gender – male (1) and female (2). Biological Father (1) yes and (2) no (step). Living with child yes (1) and (2) no. Ethnicity (1) Canadian and (2) Canadian – No. Higher scores on education = less education (high school or less) and lower scores = more education (university or graduate school). Lower Scores on income = less income (\$19,000 and below) and higher scores = higher income (\$50,000 and above). Pearson correlations were used for all variables with the exception of Spearmans R used for education, income, gender, father living with child, biological father and ethnicity.

Table 11.(Single Mediation- Invalidation Model - 4 separate analyses) Total, Direct, and Indirect Effects of Emotional Competence (IV) on Father Emotion Socialization (Invalidation; M) and Child Emotion Dysregulation (Dep.V)

Independent Variable (Emotional Competence Variables)	IV on Dep.V Without Mediator <i>Total Effects</i>	IV on Dep.V Controlling for Mediator <i>Direct Effects</i>	IV on Mediator <i>a path</i>	Mediator on DV <i>b path</i>	Bootstrap Point Estimate of Indirect Effect	95% Confidence Interval for Point estimate	<i>R</i> ²
Emotion Recognition (RMET)	-.070 (.300)	.114 (.300)	-3.88 (1.44)**	.073 (.026)**	-.283 (.142)	-.6505 to -.0660	12.9%
Perspective Taking	-.069 (.074)	-.055 (.071)	-.198 (.381)	.069 (.024)**	-.014 (.032)	-.0934 to .0365	13.6%
Vulnerable Narcissism (HSNS)	.097 (.063)	.079 (.060)	.273 (.326)	.066 (.024)**	.018 (.021)	-.0157 to .0698	15.2%
Paternal Emotion Regulation	.148 (.098)	.141 (.093)	.097 (.511)	.069 (.024)**	.008 (.038)	-.0548 to .1015	16.1%

Bootstrap estimates are based on 5,000 resamples. Unstandardized coefficients and (standard errors) are reported. Significant effect is determined by a 95% confidence interval that does not include zero. *Note all significance for total, direct and indirect effects are bolded: $p < .1$; $p < .05^*$; $p < .01$; ** ($N=60$)*

Table 12. (Single Mediation- Validation Model - 4 separate analyses) Total, Direct, and Indirect Effects of Emotional Competence (IV) on Father Emotion Socialization (Validation; M) and Child Emotion Dysregulation (Dep.V)

Independent Variable (Emotional Competence Variables)	IV on Dep.V Without Mediator <i>Total Effects</i>	IV on Dep.V Controlling for Mediator <i>Direct Effects</i>	IV on Mediator <i>a path</i>	Mediator on Dep.V <i>b path</i>	Bootstrap Point Estimate of Indirect Effect	95% confidence Interval for Point Estimate	<i>R</i> ²
Emotion Recognition/Accuracy	-.170 (.300)	-.193 (.325)	1.97** (.865)	.001 (.046)	-.068 (.319)	-.5079 to .8059	.6%
Empathy- Perspective Taking	-.069 (.074)	-.067 (.075)	-.052 (.232)	-.002 (.075)	.000 (.010)	-.0179 to .0171	1.5%
Vulnerable Narcissism (HSNS)	.097 (.063)	.102 (.065)	.333 (.194)	-.015 (.043)	-.005 (.017)	-.0518 to .0186	4.1%
Father's Emotion Regulation	.148 (.098)	.152 (.101)	-.427 (.305)	-.011 (.043)	.005 (.020)	-.0622 to .0255	3.7 %

Bootstrap estimates are based on 5,000 resamples. Unstandardized coefficients and (standard errors) are reported. Significant effect is determined by a 95% confidence interval that does not include zero. **Note all significance for total, direct and indirect effects are bolded: $p < .1$; $p < .05$ *; $p < .01$; ** (N=60)**

Table 13. Overall model for Validation and Invalidation testing Conditional Direct Effects of Emotional Competence (IV) on Child Dysregulation (Dep. V) at Values of the Moderator (Group- DV or No DV)

Invalidation: Group	<i>Direct Effects</i>	<i>t value</i>	<i>p value</i>	<i>Bootstrap Point Estimate</i>	<i>95% Confidence Interval for Point estimate</i>
No DV	.009 (.063)	.1302	.897	-.1262	.1437
DV	.211 (.072)	2.927	.005	.0665	.3555
Validation: Group	<i>Direct Effects</i>	<i>t value</i>	<i>p value</i>	<i>Bootstrap Point Estimate</i>	<i>95% Confidence Interval for Point estimate</i>
No DV	-.028 (.082)	-.3428	.733	-.1925	.1363
DV	.234 (.106)	2.217	.03	.0225	.4464

Bootstrap estimates are based on 5,000 resample's. Unstandardized coefficients and (standard errors) are reported under direct effects. Significant effect is determined by a 95% confidence interval that does not include zero. *Significance for direct effects are bolded.* (N=60)

Figures

Figure 4. Conceptual Model of Study.

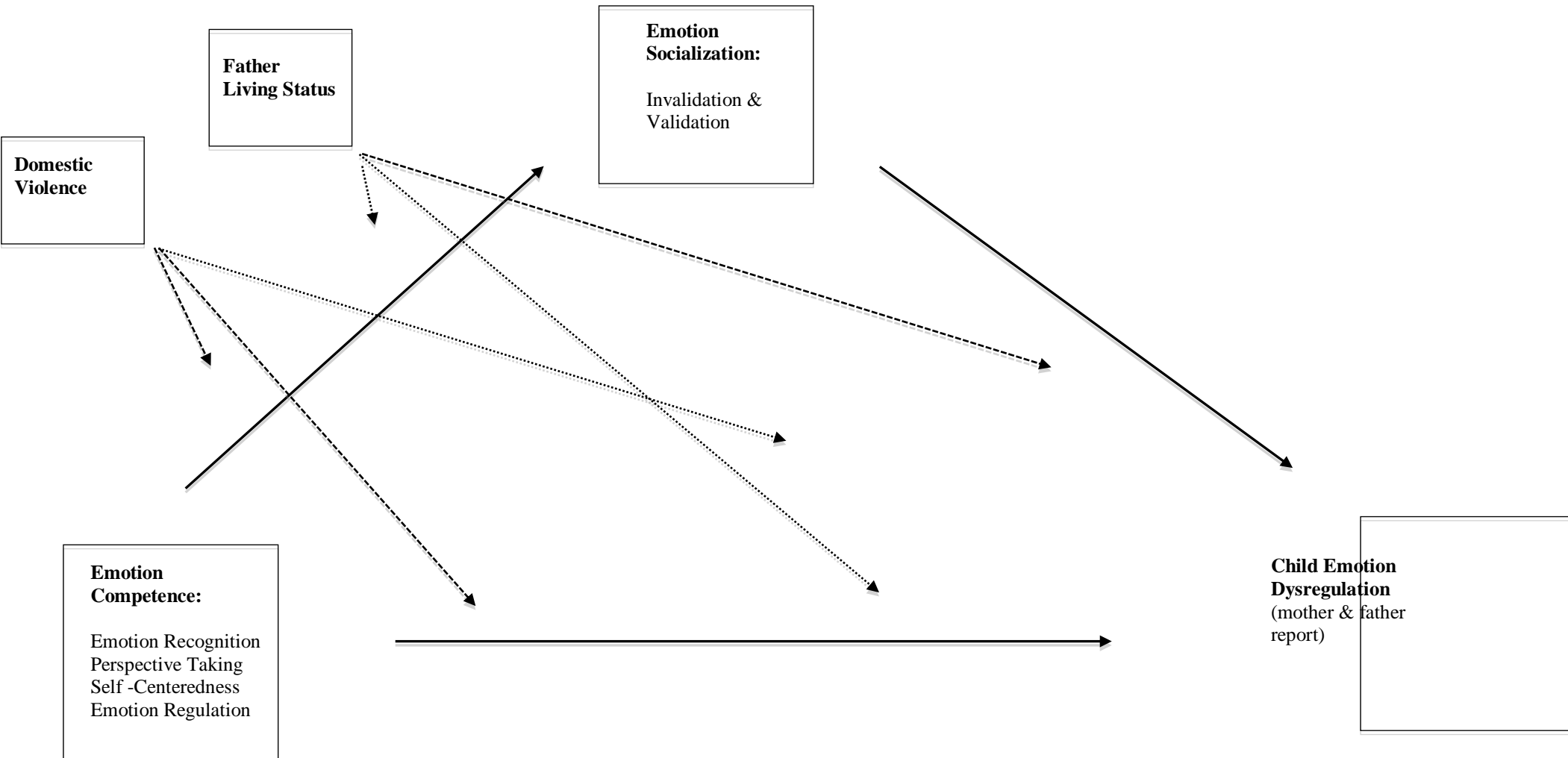
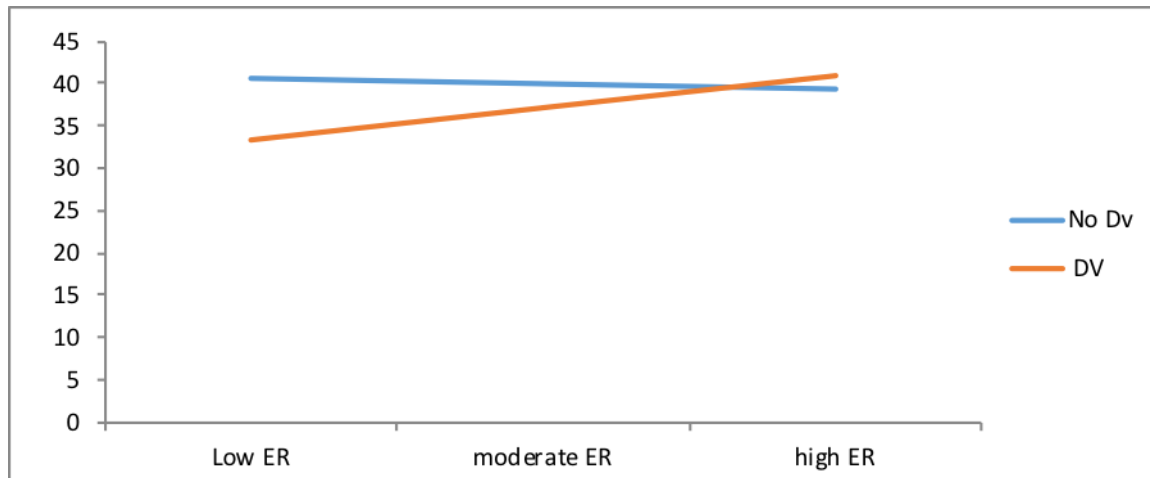


Figure 5. Study 2. Moderation by group (DV or No DV) on Father Emotion Regulation (x axis) and Child Emotion Regulation (y axis).



Chapter 4 General Conclusion

4.1 Conclusion

Fathers' positive contribution to children's healthy development is slowly beginning to be recognized (Jeynes, 2015; Jeynes, 2016); however, a large gap in the research exists when comparing the amount of research available on mothers compared to fathers, especially within higher-risk populations. The two studies in this dissertation aimed to increase fathers' visibility in research and as influencers of child development. This was accomplished through examining recruitment and retention of fathers across diverse contexts and then systematically studying fathering processes to understand their impact on child development. As such, this dissertation offers a number of unique contributions to various literatures. First, it provides researchers with a summary of best-practice recruitment research and extends our knowledge about ways to engage hard-to-reach populations, especially DV fathers. Second, it contributes to the small but growing fathering literature by increasing our understanding of mechanisms by which high risk fathers influence child development and on ways in which domestic violence perpetration may intensify these risks.

The first study of this dissertation sought to understand how to effectively recruit fathers and their families with varied backgrounds into research on child development. It began with a review of the literature on best practices in recruiting hard to reach populations and describes the recruitment-planning model used to achieve an adequate sampling of fathers with and without a history of domestic violence. Specific recruitment strategies and the amount time, effort and resources necessary to recruit this challenging population were then evaluated. Similar to past research, findings indicated that recruiting domestically violent fathers was substantially more difficult than recruiting non-domestically violent fathers. This study also found that recruiting fathers in person and establishing a shorter time frame between assessments was particularly successful when used with domestically violent fathers. These findings are consistent with other studies of populations described as "hard-to-reach" and suggests that upfront recruitment planning and practice needs to be tailored specifically to these men (Sydor, 2013; see Boneviski for a review, 2014; Ellard- Gray et al., 2015). Study findings also highlighted that a high level of persistence and effort are required to recruit fathers and their families with varying levels of risk into longitudinal research. In particular, intense effort and many staffing resources are required to recruit fathers with a history of domestic violence to achieve tolerable sampling (Crosby et al., 2010). Noteworthy is that this study is the only known research that includes a domestic violence perpetration population and their families to study the amount of time, effort, and cost it takes to recruit them, and

only one of few that explores researcher effort overall in the literature (Dyson, David & Scott, 2018; Meyers et al., 2003; Logan et al., 2008). Thus, findings from this study provide researchers with much needed guidance about how to successfully recruit challenging and hard-to-reach populations and provide researchers with reasonable expectations regarding the commitment and resources required to recruit an adequate sample size in which to study.

The second study examined whether fathers' internal emotion competence guides their emotion socialization practices, and in turn, children's emotional dysregulation. Fathers' history of domestic violence perpetration and their current living status were explored as moderators within hypothesized mediation models. There were three main findings of this study. First, fathers' emotion recognition skills mediated the relationship between fathers' emotion socialization practices and child outcomes such that fathers' ability to recognize children's emotions was strongly related to their unsupportive parenting practices, and in turn, related to poor children's outcomes. Other aspects of fathers' emotion competence and emotion socialization were not related as hypothesized; specifically, there was no support for fathers' unsupportive/invalidating behaviours as a mediator through which three indicators of fathers' emotion competence (i.e., perspective taking, narcissism- self centeredness/entitlement, and emotion regulation) were related to child emotion dysregulation. Second, fathers unsupportive parenting practices were consistently related to children's poor emotion regulation skills. Finally, a moderating role of fathers' history of DV perpetration on the effects of fathers' emotion competence and child dysregulation were found, such that fathers' emotion dysregulation and child dysregulation were significantly and positively related within a domestic violence context, but not in a non-DV context. Mediation findings are in line with past research on the importance of the effects of parental emotion recognition on parenting practices and child outcomes (Wagner et al., 2015; see Katz et al., 2012 for a review). Exploratory findings of moderation in the DV context also support recent work which demonstrates the negative effects of poor parent emotion regulation (Han, et. al., 2016; see also Sheffield Morris et al., 2007) on child outcomes in fathers with a history of domestic violence. This study also extends others' research (Stover & Spink, 2012), by going beyond the claim that emotion regulation is difficult for these fathers and identifying that fathers' modelling of emotion dysregulation may act as a pathway of risk on children's emotion dysregulation.

Together, the two studies make a significant contribution to the fathering, domestic violence and child-welfare literatures by providing researchers with a blueprint to achieve a 'tolerable sampling' in which to study fathering processes and the highly complex father-child relationship, ultimately increasing exposure of fathers in research and as important influencers of children's development. Increasing fathers' visibility across various domains in the literature is critical, especially within child-welfare, as

evidence is needed to inform effective ways to engage fathers in child-welfare policy, practice, and intervention efforts. This dissertation also contributes to research on parental emotion socialization and child development through engaging a diverse group of fathers with varying levels of parenting risk and their children, and bringing more awareness to the importance of fathering emotion socialization processes.

4.1.2 Hard to Reach Populations and Tolerable Sampling

This dissertation contributes to the broader literature on recruiting hard-to-reach populations and responds to the ‘call to action’ in the fathering literature to recruit and study a heterogeneous population of fathers across diverse contexts (Lamb & Lewis, 2013). Studying populations that are coined hard-to-reach is necessary to guide broader theoretical and practical understanding of underrepresented and underserved individuals in our society. Therefore, research that recognizes the heterogeneous nature of our society and the differences that exist within social subgroups will allow researchers to develop more efficient, effective and sensitive research protocols to study them, ultimately increasing their visibility within the literature. This dissertation contributes to growing importance of tailoring research to ‘invisible’ (Stone, 2003) populations to achieve a tolerable sampling and increasing applicability of research findings for underserved populations to help facilitate timelier, well founded and targeted services (Crosby, et al., 2010; Wilson & Neville, 2008). This is particularly important for DV fathers who are hard-to-reach and therefore, underrepresented/ invisible in the literature, and often underserved in our society (Dutton et al., 2003; Featherstone & Fraser, 2012). Hard-to reach populations also tend to stay silent about sensitive topics because of a perceived risk of harm (i.e., social stigma, diminished reputation, high level of distress) discussing topics with others, such as violence and crime (Stone, 2003; Sydor 2013; see Liamputong, 2006), making them even more difficult to engage. This is particularly relevant for DV men and fathers whom are often mistrusting of others, ashamed of their violent behaviours and have difficulty talking about them (Boneveski et al., 2014; Ellard-Gray et al., 2015; Meyer & Wilson 2009). Thus, when recruiting hard- to- reach populations, particular attention needs to be paid to the development of sensitive research protocols to minimize perceived and harmful consequences of research participation (Dickson-Swift, James & Liamputong, 2008).

The recruitment study provides important recommendations for the development of sensitive and ethically sound protocols. Given the sensitivity of information gathered from domestically violent fathers during assessment and possible perceived risk of harm, careful consideration of assessment structure is recommended. For example, conducting the interview portion of the assessment up front with participants to build rapport will likely reduce participants’ overall distress. As well, interviewing helps to decrease the burden of the overall assessment (i.e., cognitive and written components) (see

Fraga, 2016), which also may also make participants feel more at ease. The interview topic should also be considered. For instance, asking violent fathers upfront to describe their children rather than their violence toward their children/partner likely posed less of a threat/source of discomfort for them. As indicated by others, interviews were followed by questionnaires, which is recommended for gathering sensitive information respectfully (see Fraga, 2016). Extensive researcher training is also imperative to ensure that participants are treated respectfully, fairly and that appropriate concern for their welfare is demonstrated. Similar to the recruitment study and previous research, it is recommended that research assistants be provided with extensive training on 1) domestic violence and 2) how to conduct and assessment effectively (see Fraga, 2016). Providing researchers with extensive training about the topic of domestic violence helps researchers understand and be more sensitive to fathers lived experiences, and prepares researchers for any issues that may be encountered with this population (i.e., escalating anger, substance-abuse, mental health difficulties, child protection concerns etc.). Training researchers to conduct assessments in a reliable yet genuine way and using a non-judgmental stance was also important. Thus, it is recommended that researchers receive explicit training about how to administer assessments and use role-play activities for extensive practice. This will help to increase researchers' consistency and comfort of delivery, which in turn, will contribute positively to the quality of the study and the comfort of the participant. It is also recommended that researchers demonstrate concern for participants' welfare by being attentive to mental health concerns and providing clinical resources as needed.

Other ethical considerations conducting research with this hard-to-reach population such as undue influence as it relates to voluntary participation and research payment should also be mentioned. First, it is acknowledged that recruiting fathers directly from treatment groups may make fathers feel compelled to participate in research 'undue influence' because of perceived possible negative repercussions if they decline. Although detailed protocols were created and carefully followed to limit such perceptions (e.g., transparency with agencies and participants about this perception upfront, establishing clear roles and boundaries among agencies, researchers and participants), this issue requires ongoing reflection and monitoring by agencies and researchers to ensure participants do not feel coerced into participation. Monetary payment for fathers participation should also be considered, especially with a group of low income fathers. The amount of payment—'how much is too much' is a delicate balance for researchers and raises ethical concerns, especially as to whether a 'higher payment' may distort participants' perceptions of the risks and benefits of participation and unduly influence their consent to participate. Thus, it is important to follow payment guidelines provided by other researchers conducting research with similar populations to reduce these concerns. It is also important to highlight that if monetary

rewards are not high enough they will no longer be considered a benefit by participants and could be perceived by participants as denying them with the opportunity to participate in research and presenting their important, and in the case of hard-to reach populations, underrepresented views (Largent, Grady, Miller & Wertheimer, 2013; Permuth-Wey, & Borenstein, 2009).

Findings on “what it takes” to recruit high risk fathers into research also has potential implications for intervention. As has been frequently written about, engaging fathers into treatment can be a formidable task, especially with DV fathers (Dutton et al., 2003). The drop-out rate for DV fathers is very high (Gondolf, 2001) and a lack of initial engagement has been mentioned as a common problem in retaining them (Gondolf, 2001). The recruitment study provides a number of important contributions to the literature regarding engaging fathers in intervention. Firstly, given DV fathers were more easily engaged in person rather than over the phone, it is recommended that fathers are engaged in this manner to discuss their possible involvement in treatment. Further, motive during an initial meeting with fathers should also be considered. That is, providing a script to help fathers understand how treatment is targeted toward their specific needs is important, as it serves as an important motivational factor (Stover & Kiselica, 2015). Another important element to consider is timing, as fathers, especially DV fathers, as current findings suggest, fathers may be more likely to attend programming when program dates are scheduled in the near future (within a month). Findings also indicate that it is important to have realistic expectations about the amount time it will take services providers to retain fathers in treatment. Recruitment of fathers into research required frequent contact from researchers, which translated into an intense amount of effort to engage fathers to attend assessments. Frequency of ‘contact’ will likely need to be further increased when engaging fathers into treatment programs that take place weekly and over a longer period of time. To effectively incorporate these recommendations, it is suggested that services build in more opportunity to connect with DV fathers and their families through an established set of interconnected services, both within and across agencies, which will help to strengthen fathers’ engagement across services and increase cohesiveness of services provided.

Nevertheless, it is also important to acknowledge that initial engagement of hard-to-reach fathers, especially recruiting and retaining them into research is costly and therefore requires some discussion about whether fathering, especially normative fathering/parenting processes, can be studied in more accessible and less costly community samples while still contributing to our understanding about this particular group of high-risk fathers. Given that normative influences of children’s emotional development (i.e., attachment processes, development of emotionality and socialization processes) are typically studied within community samples and reflect a broad continuum of difficulties within the population (see Prime & Schneider, 2018), it is important to recognize that there may be overlap with

‘normative’ fathering processes studied in higher risk samples. On the other hand, there may be other factors specific to this DV group that may be operating. Thus, instead of this DV group of fathers representing the extreme end of a community continuum, beyond that of marital discord and hostile parenting (Edwards & Hans, 2015; Davies, Cicchetti & Martin, 2012), DV fathering processes may also be interacting with children’s past experience of trauma, which may change the way fathering processes are received and responded to by children, and perhaps contribute to the shaping of distinct fathering processes within this subgroup of fathers.

4.1.3 Fathers as Emotion Socializers

This dissertation contributes to the broader literature on parental emotion socialization by demonstrating that fathers play an important role in children’s emotional development. Long standing evidence supports the notion that children learn to regulate their emotion within the context of parental socialization of emotion. That is, children learn to regulate their emotion through parents’ responses to their emotions and parental discussion about how to recognize and cope with emotion (Eisenberg et al., 1998; Morris et al., 2007). When used effectively, parental socialization of emotion has been found to teach children how to display emotions in healthy and socially appropriate ways, have positive emotional interactions with others, and cope with emotional distress and arousal. Conversely, when parents pay less attention to their children’s expression of emotion and/or respond negatively to their children’s emotions, children can become emotionally dysregulated (Gottman, Katz & Hooven, 1996; Eisenberg et al., 1998; Eisenberg et al., 2003; see Katz et al., 2012 for a review), and which often leads to a number of negative social-emotional outcomes (Eisenberg et al., 1996; 2003; Ramsden & Hubbard, 2002). Given that parental emotion socialization has been identified as a critical factor that contributes to children’s long-term development, it is surprising that the majority of research in this area has been primarily focussed on mothers. Thus, much less is understood about fathers as socializers of children’s development within the family system. This dissertation begins to close this gap by demonstrating that a heterogenous sample of fathers do play a role in children’s development and should be considered as important socializers/influencers of children’s development alongside that of mothers.

This dissertation also contributes to the literature on emotion socialization and its implications for child development by showing that it is possible to go beyond aspects of father involvement that are typically assessed, specifically self-report (or more often mother-report) of time, level of engagement, and sense of fathering responsibility (Lamb et al., 2004) to more in depth, observational assessment. Such research is important to exploring the role that fathers play as socializers of children’s development, especially in higher risk contexts, and will slowly begin to shift the emphasis placed mothers as the most influential in children’s development and build more awareness and exposure of fathers’ contributions to create more

balance. Furthermore, this dissertation extends previous study about the importance of parenting beliefs and attitudes (see Katz et al., 2012) connected to parents' emotion socialization practices, by exploring fathers' internal emotion competence (i.e., emotion recognition, perspective taking, self-centeredness-ability to put their child's need above their own, fathers' own emotion regulation abilities) to understand how these factors are associated with emotion socialization behaviours and child outcome. This dissertation provided some support for this model used by highlighting the importance of fathers' awareness/recognition of their children's emotions and the importance of fathers' ability to manage their own emotions for their children's long-term well-being. Noteworthy is that although a similar model of emotional competence used in this study has been explored in the context of assessing adults' emotional intelligence (Mayer & Salovey, 1997; Mayer et al., 2004), this is the first time such a model has been adapted to assess parenting abilities and traits in relation to their emotion socialization practices and child outcomes. Given that some aspects of this model were unrelated to fathers' socialization behaviours and/or child outcomes, it will be important to continue to refine this model and potentially combine with other tested models and measures (see Katz et al., 2012- PMET model).

The findings of this study also have implications for intervention. As is the case with mothers (Wagner, et al., 2016; Katz et al., 2012), it will also be important to provide fathers with interventions that target fathers' ability to recognize their children's emotions. Specifically, this study provides a basis for considering the connection between fathers' emotional dysregulation, violence and child dysregulation when developing targeted intervention services. Hostility and overactivity are common characteristics found in DV men and fathers. Research has demonstrated that domestically violent men indicate higher levels of anger and hostility across a variety of measures compared to men without a DV history (Norlander & Eckhardt, 2005). DV fathers specifically, were found to demonstrate higher levels of hostility and over-reactivity toward their children, compared to non DV fathers (Francis & Wolfe 2008; Fox & Benson 2004; Scott & Lishak, 2012; Stover & Spink, 2012; Stover & Kiselica, 2015). Fathers' hostile and over-reactive behaviours have been found to contribute to negative interaction patterns between these fathers and their children (Denham et al. 2000; Kelley et al. 2016), and linked to children's emotional and behavioural regulation difficulties (Coley et al. 2011, Febres, al., 2014). Recent studies have also provided some evidence that these hostile and over-reactive behaviours (Bowie, 2010; McLaughlin et al., 2011; Carrère & Bowie, 2012; Robertson et al., 2012) are attributed to emotion regulation deficits (i.e., ability to control impulses) which is particularly relevant to this dissertation. These studies, along with the results of this dissertation suggest that targeting fathers' emotion dysregulation may decrease their angry and hostile behaviours toward their children and also reduce

their risk of future violence. Thus, both fathers' violent behaviours and emotional dysregulation should both be considered in tandem when developing intervention services fathers.

4.1.4 Fathering Policy and Practice

Father friendly policies and practices driven by fathering movements (e.g., FIRA- father involvement and network alliance) are gaining momentum in 'typical' family environments; however, what is less clear is whether pro-fathering policies should be applied to fathers in more 'atypical' family environments, such as those where fathers may pose a risk to their children's long-term development. This dissertation contributes to this gap in the literature by providing some evidence about fathering in 'atypical' contexts (DV fathers) in two distinct ways; demonstrating that recruitment/engagement policies and practice needs to be specifically tailored to effectively involve DV fathers and highlighting the need to address fathers' unsupportive (invalidating) parenting practices to improve child functioning. Recent research conducted by Holt (2015) studying perspectives of DV fathers, their families, and child protection professionals' questions " whether men are not engaging with services, or whether services are not engaging with men, whilst simultaneously confirming the critical need for abusive men to be engaged with, as fathers, for safe quality contact to be a realistic goal" (Holt, 2015). This dissertation provides professionals with small but concrete steps toward engaging DV fathers, and more importantly, highlights for professionals that DV fathers can be engaged when strategies and overall goals of engagement are tailored specifically to DV fathers' parenting. Given that fathers often continue to have contact with their children after the identification of domestic violence (Hunter & Graham Bermann, 2013; Salisbury et al., 2009; Stover, 2003; Cater & Forssell, 2012), this work helps to shift common discourse about parenting in these contexts from mothers as sole protectors and influencers on child development, to building awareness about the importance of fathering in these contexts (Featherstone & Peckover, 2007; Sinott & Artz, 2016). Thus, this dissertation helps to slowly shift the accountability back toward fathers for their violent behaviours while building fathers' and professionals' awareness regarding the critical need for fathers take accountability for their violence and to develop the skills to be 'good enough fathers' (Holt, 2015), and thus less invalidating with their children. Continually building on how to engage and include fathers in the child welfare system rather than continuing to exclude them (Holt, 2015; Rutman et al., 2002; Strega 2006) is paramount to children's ongoing safety as well as ensuring that that DV fathers are "good enough fathers" (Holt, 2015). Thus, this dissertation helps to make fathers more visible to research and as influencers of child development to better understand the risks and potential assets of fathering, especially within a domestic violence context.

4.1.5 Limitations and Future Directions

As part of this dissertation, there are some limitations that should be acknowledged. First, a convenience sampling procedure was employed in both studies to recruit fathers with DV and non DV fathers. Although the use of such sampling procedures was needed to obtain a tolerable sample, it is also important to recognize that differences between non DV fathers and fathers who perpetrate DV is not well understood. This study relied upon officially documented instances of domestic violence perpetration to distinguish between DV and Non DV fathers due to ethical reasons. Although this method has its strengths, a more nuanced, continuous assessment of abusive fathering behaviours (i.e., varying forms of abuse and control) may provide greater understanding of the impact of domestically violence behaviours within and between these groups. Having the capacity to assess for domestic abuse at multiple points in time would also improve understanding, allowing for simultaneous examination of the impact of men's parenting and potentially ongoing use of abusive and controlling behaviours in the co-parenting relationship. Applicability of learnings discussed from study one to study two should also be considered. Given that study two consisted of a smaller subsample of study one, fathers may differ qualitatively on measures of parenting and other distinguishing factors from the larger sample from which they were drawn. It also important to consider other factors that may be influencing recruitment and/or fathering study outcomes such as fathers' motivation to participate in this research and custody arrangements. That is, it is important to recognize that our sampling may have included fathers who were motivated to participate in our research, and for non- residential fathers, may have included those fathers with more flexible custody and access arrangements, making it easier to participate in research with their children. Thus, this sampling could provide an underestimation of fathers parenting behaviours on their children's emotion dysregulation.

There are a number of positive directions that this research can take in the future. First, it will be important to build upon the base of recruitment planning and retention findings by continuing to study researcher time, effort and strategies when recruiting DV populations, as well as studying these factors in higher risk and/or criminal populations. This will increase researchers' knowledge about how to engage and study these higher risk and likely more difficult to engage populations, and contribute to an understanding about fathering in these populations. Further, it is recommended that researchers explore participant variables that may be contributing to recruitment success, study of fathers, and applicability of findings, such as participant motivation. Moreover, it will be important for researchers to continue to study fathers in systematic and detailed way to better understand the finite processes involved in fathering and their influence on child development. A systematic observation method may also be helpful to include during study of recruitment and retention practices to shed more light on fathers own

perspectives and behaviours influencing sampling. In the future, it will also be important to expand upon recruitment planning and strategies to include mothers more fulsomely, so that mothers parenting can be compared alongside that of fathers to understand the parenting risks and assets of both parents on child development within the family system, especially with DV fathers. Lastly, in continuing to work toward recognizing fathers as important contributors to child development, especially DV fathers, a more comprehensive understanding of men and fathers as well as development of an integrated service model would be beneficial. Researchers and service providers need to continue to study and define best practices working with men (Boys and Men Guidelines Group, APA, 2018) to inform development of an integrated service model that cuts across a variety of service providers permitting a number of touch points to engage these men (Dyson, David & Scott, 2018), evaluate ongoing risk for DV fathers, while also providing a variety of intervention services that can be tailored specifically to these men and fathers.

4.1.6 Conclusion

This dissertation contributes to various and important literatures within the social sciences by increasing fathers' visibility in research and as influences on child development. Both studies comprised of this dissertation make small and important contributions to the recruiting, fathering, domestic violence, child-welfare and parental emotional socialization literatures by examining recruitment and retention of fathers across diverse contexts, and then studying fathering processes to understand their impact on child development. Together these studies make a significant contribution to literatures by providing researchers with a blueprint to achieve 'tolerable sampling' when recruiting challenging populations in order to extend our knowledge about fathering processes and the father-child relationship, especially with DV fathers. This growing understanding of fathers has critical implications for child-welfare policy and practice, and intervention efforts for fathers, as well as contributes to a much needed shift in recognizing fathers as important socializers of children's development alongside that of mothers.

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Appendices

Appendix A. 1 Emotion Competence Self Report Measures

IRI (Interpersonal Reactivity Index)

The following statements ask about your thoughts and feelings in a variety of situations. For each item, show how well it describes you by choosing the appropriate number on the scale at the top of the page: 1, 2, 3, 4, or 5. When you have decided on your answer, fill in the number in the blank next to the item. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.**

Answer as honestly and as accurately as you can. Thank you.

ANSWER SCALE:

- | 1 | 2 | 3 | 4 | 5 |
|---------------------------|---|-----------------------|---|---|
| Does not describe me well | | Describes me somewhat | | Describes me very well |
| ___ 1. | | | | I daydream and fantasize, with some regularity, about things that might happen to me. |
| ___ 2. | | | | I often have tender, concerned feelings for people less fortunate than me. |
| ___ 3. | | | | I sometimes find it difficult to see things from the “other guy’s” point of view. |
| ___ 4. | | | | Sometimes I don’t feel very sorry for other people when they are having problems. |
| ___ 5. | | | | I really get involved with the feelings of the characters in a novel. |
| ___ 6. | | | | In emergency situations, I feel apprehensive and ill-at-ease. |
| ___ 7. | | | | I am usually objective when I watch a movie or play, and I don’t often get completely caught up in it. |
| ___ 8. | | | | I try to look at everybody’s side of a disagreement before I make a decision. |
| ___ 9. | | | | When I see someone being taken advantage of, I feel kind of protective towards them. |
| ___ 10. | | | | I sometimes feel helpless when I am in the middle of a very emotional situation. |
| ___ 11. | | | | I sometimes try to understand my friends better by imagining how things look from their perspective. |
| ___ 12. | | | | Becoming extremely involved in a good book or movie is somewhat rare for me. |
| ___ 13. | | | | When I see someone get hurt, I tend to remain calm. |
| ___ 14. | | | | Other people’s misfortunes do not usually disturb me a great deal. |
| ___ 15. | | | | If I’m sure I’m right about something, I don’t waste much time listening to other people’s arguments. |
| ___ 16. | | | | After seeing a play or movie, I feel as though I was one of the characters. |
| ___ 17. | | | | Being in a tense emotional situation scares me. |
| ___ 18. | | | | When I see someone being treated unfairly, I sometimes don’t feel very much pity for them. |
| ___ 19. | | | | I am usually pretty effective in dealing with emergencies. |
| ___ 20. | | | | I am often quite touched by things I see happen. |
| ___ 21. | | | | I believe that there are two sides to every question and try to look at them both. |
| ___ 22. | | | | I would describe myself as a pretty soft-hearted person. |
| ___ 23. | | | | When I watch a good movie, I can very easily put myself in the place of a leading character. |
| ___ 24. | | | | I tend to lose control during emergencies. |
| ___ 25. | | | | When I’m upset at someone, I usually try to “put myself in his shoes” for a while. |
| ___ 26. | | | | When I’m reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. |
| ___ 27. | | | | When I see someone who badly needs help in an emergency, I go to pieces. |
| ___ 28. | | | | Before criticizing somebody, I try to imagine how I would feel if I were in their place. |

HSNS (Hypersensitive Narcissism Scale)

Please answer the following questions by deciding to what extent each item is characteristic of your feelings and behaviour. Fill in the blank next to each item by choosing a number from the scale printed below.

1 = very uncharacteristic or untrue, strongly disagree

2 = uncharacteristic

3 = neutral

4 = characteristic

5 = very characteristic or true, strongly agree

___ 1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others.

___ 2. My feelings are easily hurt by ridicule or the slighting remarks of others.

___ 3. When I enter a room I often become self-conscious and feel that the eyes of others are upon me.

___ 4. I dislike sharing the credit of an achievement with others.

___ 5. I feel that I have enough on my hands without worrying about other people's troubles.

___ 6. I feel that I am temperamentally different from most people.

___ 7. I often interpret the remarks of others in a personal way.

___ 8. I easily become wrapped up in my own interests and forget the existence of others.

___ 9. I dislike being with a group unless I know that I am appreciated by at least one of those present.

___ 10. I am secretly "put out" or annoyed when other people come to me with their troubles, asking me for my time and sympathy.

DERS (Difficulties in Emotion Regulation Scale)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1	2	3	4	5
almost never (0-10%)	Sometimes (11-35%)	about half the time (36-65%)	most of the time (66-90%)	almost always (91-100%)

1. _____ I am clear about my feelings.
2. _____ I pay attention to how I feel.
3. _____ I experience my emotions as overwhelming and out of control.
4. _____ I have no idea how I am feeling.
5. _____ I have difficulty making sense out of my feelings.
6. _____ I am attentive to my feelings.
7. _____ I know exactly how I am feeling.
8. _____ I care about what I am feeling.
9. _____ I am confused about how I feel.
10. _____ When I'm upset, I acknowledge my emotions.
11. _____ When I'm upset, I become angry with myself for feeling that way.
12. _____ When I'm upset, I become embarrassed for feeling that way.
13. _____ When I'm upset, I have difficulty getting work done.
14. _____ When I'm upset, I become out of control.
15. _____ When I'm upset, I believe that I will remain that way for a long time.
16. _____ When I'm upset, I believe that I will end up feeling very depressed.
17. _____ When I'm upset, I believe that my feelings are valid and important.
18. _____ When I'm upset, I have difficulty focusing on other things.
19. _____ When I'm upset, I feel out of control.
20. _____ When I'm upset, I can still get things done.
21. _____ When I'm upset, I feel ashamed at myself for feeling that way.
22. _____ When I'm upset, I know that I can find a way to eventually feel better.
23. _____ When I'm upset, I feel like I am weak.
24. _____ When I'm upset, I feel like I can remain in control of my behaviors.
25. _____ When I'm upset, I feel guilty for feeling that way.
26. _____ When I'm upset, I have difficulty concentrating.
27. _____ When I'm upset, I have difficulty controlling my behaviors.
28. _____ When I'm upset, I believe there is nothing I can do to make myself feel better.
29. _____ When I'm upset, I become irritated at myself for feeling that way.
30. _____ When I'm upset, I start to feel very bad about myself.
31. _____ When I'm upset, I believe that wallowing in it is all I can do.
32. _____ When I'm upset, I lose control over my behavior.
33. _____ When I'm upset, I have difficulty thinking about anything else.
34. _____ When I'm upset, I take time to figure out what I'm really feeling.
35. _____ When I'm upset, it takes me a long time to feel better.
36. _____ When I'm upset, my emotions feel overwhelming.

Appendix A. 2 Child Emotion Regulation Measure

Emotion Regulation Checklist

Please read each statement and rate how applicable it is to the child.

- | | | | | |
|---|------------|----------------|------------|--------------------|
| 1. Is a cheerful child. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 2. Exhibits wide mood swings (child's emotional state is difficult to anticipate because s/he moves quickly from positive to negative moods). | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 3. Responds positively to neutral or friendly overtures by adults. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 4. Transitions well from one activity to another; does not become anxious, angry, distressed or overly excited when moving from one activity to another. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 5. Can recover quickly from episodes of upset and distress (for example, does not pout or remain sullen, anxious or sad after emotionally distressing events). | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 6. Is easily frustrated. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 7. Responds positively to neutral or friendly overtures by peers. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 8. Is prone to angry outbursts/ tantrums easily. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 9. Is able to delay gratification. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 10. Takes pleasure in the distress of others (for example, laughs when another person gets hurt or punished; enjoys teasing others). | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 11. Can modulate excitement in emotionally arousing situations (eg. does not get carried away in high energy play situations, or overly excited in inappropriate contexts). | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |
| 12. Is whiny or clingy with adults. | Never
1 | Sometimes
2 | Often
3 | Almost Always
4 |

13. Is prone to disruptive outbursts of energy and exuberance.

Never	Sometimes	Often	Almost Always
1	2	3	4

14. Responds angrily to limit-setting by adults.

Never	Sometimes	Often	Almost Always
1	2	3	4

15. Can say when s/he is feeling sad, angry or mad, fearful or afraid.

Never	Sometimes	Often	Almost Always
1	2	3	4

16. Seems sad or listless.

Never	Sometimes	Often	Almost Always
1	2	3	4

17. Is overly exuberant when attempting to engage others in play.

Never	Sometimes	Often	Almost Always
1	2	3	4

18. Displays flat affect (expression is vacant and in expressive; child seems emotionally absent).

Never	Sometimes	Often	Almost Always
1	2	3	4

19. Responds negatively to neutral or friendly overtures by peers (eg. may speak in an angry tone of voice or respond fearfully).

Never	Sometimes	Often	Almost Always
1	2	3	4

20. Is impulsive.

Never	Sometimes	Often	Almost Always
1	2	3	4

21. Is empathetic towards others; shows concern when others are upset or distressed.

Never	Sometimes	Often	Almost Always
1	2	3	4

22. Displays exuberance that others find intrusive or disruptive.

Never	Sometimes	Often	Almost Always
1	2	3	4

23. Displays appropriate negative emotions (anger, fear, frustration, distress) in response to hostile, aggressive or intrusive acts by peers.

Never	Sometimes	Often	Almost Always
1	2	3	4

24. Displays negative emotions when attempting to engage others in play.

Never	Sometimes	Often	Almost Always
1	2	3	



UNIVERSITY OF TORONTO
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Fathers and Kids Information and Consent Form

What is this study about? Fathers are important in shaping their children's futures. In this study, we are looking at how a variety of characteristics of fathers and the father-child relationship influences children's adjustments. Some of the things that we are looking at include fathers' attitudes towards parenting, personality characteristics, history of involvement in trouble, physiological response to stress, closeness to children and the amount of father-child contact. This study will involve approximately 200 fathers and families.

What is involved? Because this study aims to understand many aspects of fathers and their families, it does take some time. For this part of the study, we will ask you to come into the University of Toronto to complete an assessment involving questionnaires, interview, and an assessment task where you are asked to look at pictures of children. A small portion of the interview will be audiotaped to speed up the process of note-taking. The study will also involve a number of computer tasks where you will be asked to press buttons in response to pictures or listen to various sounds. During this last part of the assessment we will measure your heart-rate and skin conductance by attaching electrodes to your fingers and chest. Finally, we will also ask your permission to look at whether you have been subject to an investigation by child protective services in the two years that we are following your progress. There is a separate consent process for this part of the research, so it is possible for you to be involved in this study but to refuse follow-up on your status at the Children's Aid Society. In appreciation of your time and willingness to take part in this study, you will receive \$120 at the end of this session.

Who is running this study? This study is being led by Dr. Katreena Scott, a researcher at the University of Toronto who is interested in improving services for fathers and families and by two Ph.D. level graduate students, Victoria Lishak and Amanda Dyson.

How will information that you provide be kept confidential? Information collected for research purposes will be kept completely confidential within the limits of the law. All data will be coded using a confidential ID number. Audio data, which will be stripped of names, transcribed and subsequently deleted. All other information we collect related to your participation will also be stripped of names and/or any identifying information. A list of numbers and corresponding names will be kept in a locked drawer so that we can 'match-up' assessments of you and your family members over the two year period of the study, after which it will be destroyed. Information will be pooled for statistical analysis and reporting so that a single individual can never be identified. As with all professionals working with children and families, researchers need to report to police if we feel that you are intending to harm yourself or someone else and to child protection if we suspect child maltreatment.

What risks are associated with participation in this study? This study poses some small risks for participants. This study will include tasks and questions about yours and your family's

emotions and behaviours and history. Some participants may feel uncomfortable completing certain questions. Furthermore, some of the sounds that accompany computer tasks may be unpleasant for participants (e.g. fire alarm). However, participation in this research is completely voluntary and you may refuse to participate or withdraw your consent *at any time without negative consequences and without providing explanation*. Similarly, participants may decline to answer any question, or decline to take part in any task or discontinue their completion of a task. Your participation or lack of participation in this study will not affect your progress at Family Service Toronto by either helping or hindering your chances of being invited to future groups. It will also have no effect on any involvement that you may have with the legal system.

What are the benefits of participating? There are several benefits you may experience as a result of participation in this study. First, you may develop an increased awareness of the father-child relationship and become more knowledgeable about how to approach and react to your child's emotional experiences. Second, this information will be invaluable to official agencies in providing better parenting resources and programmes for fathers and their families. Finally, as a result of this study, the research community will develop a better understanding of father-child relationships and some parenting factors that contribute to strengths and difficulties in child development.

How do I find out about study results? Information about the results of this research will be made available. There will be at least one formal presentation of research results to the community and summaries of results will be posted on the website for Family Service Toronto and included in one of the agency's newsletters and in the agency annual report. These summaries will include contact information so that interested individuals can get more information about research results. We expect that this summary information will be available in September of 2015.

Please indicate below whether you do or do not consent to participate in this research. An additional copy of this letter is also provided for your records. If you have any concerns or questions about this research, you can always call the Primary Researcher, Katreena Scott at 416-978-1011. If you think that one of the researchers has treated you unfairly, or if you have questions about your rights as a research participant, you can call the Ethics Review Office at the University of Toronto at ethics.review@utoronto.ca or 416-946-3273.

_____ Yes, I would like to participate in this study

Full Name (Please Print): _____

Signature: _____

Thank you very much for your time.



Katreena Scott, Ph.D.



UNIVERSITY OF TORONTO

OISE | ONTARIO INSTITUTE FOR STUDIES IN EDUCATION

Request for Information Consent

As part of the Fathers and Kids study, we would also like to check on whether you have been subject to an investigation by child protective services over the time that we have been tracking the progress of you and your family, approximately 2 years from today. We would also determine if this investigation was substantiated or not substantiated. If you consent to this aspect of research, you will complete an additional consent for release of information that will be forwarded to child protective services to allow this check. **You should also know that you are free to withdraw this consent for this (or any) aspect of the study at any time over the two year period of this study.**

_____ Yes, I would like to participate in this part of the study



UNIVERSITY OF TORONTO
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FOR STUDIES IN EDUCATION

To: Children's Aid Society of Toronto

From: Dr. Katreena Scott, University of Toronto, 252 Bloor St. W., Toronto, ON, L2R 3K4

Re: Access to information

I, _____, hereby authorize Dr. Katreena Scott of the University of Toronto and research associates under the direct supervision of Dr. Scott to access to information, whether written or verbal, on the date(s) of any investigation by the Children's Aid Society of me for suspected child maltreatment and the results (i.e., substantiated, suspected, unsubstantiated) of investigations occurring between today and 2 years from today and this consent and this shall be your good and sufficient authority for doing do. I understand that this information will be used for the purposes of research on importance of fathers to their children's development over time.

Dated at Toronto, Ontario this _____ day of _____, 20__

Signature: _____

Witness: _____

Appendix C. 1 Research Ethics Approvals



UNIVERSITY OF
TORONTO

OFFICE OF THE VICE PRESIDENT, RESEARCH

PROTOCOL REFERENCE # 26912

December 16, 2011

Dr. Katreena Scott
DEPT OF HUMAN DEVEL. & APPL. PSYCHOLOGY
OISE/UT

Dear Dr. Scott,

Re: Your research protocol entitled, "Influence of fathers' antisocial behaviours, co-parenting and emotional availability on the developmental trajectories of high risk children"

ETHICS APPROVAL

Original Approval Date: December 6, 2011

Expiry Date: December 5, 2012

Continuing Review Level: 2

We are writing to advise you that the Social Sciences and Humanities Research Ethics Board (REB) has granted approval to the above-named research protocol, for a period of one year. Ongoing research under this protocol must be renewed prior to the expiry date.

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

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Margaret Schneider, Ph.D.,
C.Psych
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS

McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada

Tel: +1 416 946-3273 • Fax: +1 416 946-5763 • ethics.review@utoronto.ca • <http://www.research.utoronto.ca/for-researchers-administrators/ethics>



UNIVERSITY OF
TORONTO

OFFICE OF THE VICE PRESIDENT, RESEARCH

PROTOCOL REFERENCE # 26912

December 9, 2013

Dr. Katreena Scott
DEPT OF APPL. PSYCHOLOGY & HUMAN DEVEL.
OISE/UT

Dear Dr. Scott,

Re: Your research protocol entitled, "Influence of fathers' antisocial behaviours, co-parenting and emotional availability on the developmental trajectories of high risk children"

ETHICS APPROVAL

Original Approval Date: December 6, 2011

Expiry Date: December 5, 2014

Continuing Review Level: 2

Renewal: 2 of 4

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Sarah Wakefield, Ph.D.
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS

McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada

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UNIVERSITY OF
TORONTO

OFFICE OF THE VICE-PRESIDENT,
RESEARCH AND INNOVATION

PROTOCOL REFERENCE # 26912

November 30, 2015

Dr. Katreena Scott
DEPT OF APPL. PSYCHOLOGY & HUMAN DEVEL.
OISE/UT

Dear Dr. Scott,

Re: Your research protocol entitled, "Influence of fathers' antisocial behaviours, co-parenting and emotional availability on the developmental trajectories of high risk children"

ETHICS APPROVAL

Original Approval Date: December 6, 2011

Expiry Date: December 5, 2016

Continuing Review Level: 2

Renewal: Data Analysis Only

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Matthew Brower, Ph.D.
REB Co-Chair

Jeffrey Steele, Ph.D.
REB Co-Chair

Research Oversight and Compliance Office - Human Research Ethics Program

McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada

Tel: +1 416 946-3273 • Fax: +1 416 946-5763 • ethics.review@utoronto.ca • <http://www.research.utoronto.ca/for-researchers-administrators/ethics>

Appendix C. 2 Excerpt from ethics application to illustrate complexity of consent procedures with fathers and their families

Guidelines for Consent with Children's Mothers

The families that we are working with in this research are quite complicated, and issues around contact, reporting and consent are similarly complex. In the second part of our research, we bring in fathers and their children, and when possible, recruit mothers into the study. We will always get fathers' consent and children's assent for this part of the study. In addition, in any situation where we get both parents to come to the lab, consent will be sought from both parents for the child's participation. However, we anticipate that there will be many times that it is not possible to recruit both mothers and fathers into the lab. This raises questions about whom we should seek consent from and who children will report on. Rather than try to make blanket statements that cover all situations, we have outlined the situations that we encounter in research and specified report, contact and consent protocols for each (arranged in order of frequency of occurrence). Although we have tried to cover all possible situations, we may encounter others that we have not anticipated. Our reasoning in those situations will be as similar as possible to that outlined here.

Situation: Child living with biological mother and biological father. Mother and father are in a married or common-law relationship

Frequency: Typical

Who we ask to participate in mother-report component? Biological mother

Who will child report on? Biological mother

Ethical protocol for consent: In this situation, both mothers and fathers have the capacity to consent on behalf of the child. Thus, fathers will be asked to sign consent for their child's participation. No additional consent will be sought from children's mothers. (Unless both parents are successfully recruited into the research in which case consent will be sought from both, as specified earlier).

Situation: Children's biological mother and biological father are separated. Child is living sometimes with his or her biological mother, sometimes with father, or child is living mostly with mother and has regular visits with father. There is no formal legal document outlining custody and access rights.

Frequency: Typical

Who we ask to participate in mother-report component? Biological mother, if we can contact her

Who will the child report on? Biological mother

Ethical protocol for consent: In this situation, the default legal requirement is for consent to be sought from both children's mothers and fathers. However, there are many practical barriers to this in the high-risk families that we work with. I draw on my experience with the Partner Assault Response (PAR) programmes in Ontario to clarify. As part of *clinical service* in PAR programs, men are required to provide contact information for their partners. A dedicated Woman's Safety staff member uses this information to try to reach women to offer an assessment of her safety, to support her, and to refer her to helpful resources in the community. Although contact with women is a policy of these agencies, and multiple attempts are made to reach women, rates of contact are often in the 30% to 40% range. In the context of the current research then, with a

similar population of participants, even lower rates of contact can be expected. With rates of contact lower than 30%, this important research on fathers and children will be rendered impractical, or at the very least, introduce substantial bias in the sample of fathers and children assessed. It is also relevant to note that requiring consent from both parents, and having fathers be the conduit to gaining this consent (as is necessary due to our inability to ask him to provide her contact information) could itself be distressing to potential participants. I imagine, in particular, situations where fathers are “tracking mothers down” to gain consent for their participation in this research. Our approach of trying to ensure that mothers get information (through letter passed on by fathers) about the study and are invited to be in contact with researchers if they wish to participate or have any concerns seems to us reasonable for balancing the need to respond to concerns without creating undue stress in separated families.

Article 3.7 addresses the fact that an REB may approve research without requiring that the researcher obtain the participant’s consent where the REB is satisfied and documents that a number of conditions apply. We replicate these conditions here and then respond to each.

(a) the research involves no more than minimal risk to the participants;

As outlined in our ethics application, the current research does pose some risk to participants. Perhaps most relevant to considerations around consenting on behalf of the child are concerns about the risk associated with the need to report concerns about child maltreatment to CAS. This risk is particularly acute for one of the questionnaires we are administering, the child-completed Parental and Acceptance questionnaire, on which there are some questions for which a positive report would trigger a duty to report. The social and legal risk around the need to report concerns about child maltreatment to CAS are somewhat mitigated by the fact that families are already involved in intervention services. Fathers and mothers will have completed clinical intakes with the FST agency, and most fathers will be involved with the criminal justice system and will have regular meetings with their probation officers. All of these professionals have assessment, reporting and support as professional responsibilities. As such, if there are concerns about child maltreatment or homicidal or suicidal intent, it is very likely to have already been discussed by these professionals. Although this prior assessment does not change the need to report (i.e., researchers would still need to report concerns even if they thought that had been reported previously), previous assessments and involvement in intervention services do reduce the legal and social risk of being report to CAS *as a result of participation in this research*, as for families who have already been reported, there is very little additional risk associated with a repeat report.

Additionally, as we have argued in earlier ethics reviews, it is difficult to determine if a triggered report due to concerns about child maltreatment is a risk or a benefit. It might be argued that, from the perspective of the child and of society, investigation and subsequent intervention to address children's experiences of maltreatment is more beneficial than harmful, even though this process may be emotionally stressful and difficult for children's caregivers.

(b) the lack of the participant's consent is unlikely to adversely affect the welfare of the participant;

This is a difficult question to respond to, as both assent from the child and consent from the father will be sought in all cases. The issue here is the impact of the lack of an additional consent from the child's mother. We argue that lack of maternal consent in these cases is unlikely to adversely affect the welfare of the participant. We would suggest that fathers, in their role as a parent giving consent, are already looking out for the welfare of the child participant. The one situation that I can imagine where this might not be the case is if a child is being abused or neglected by his or her mother, a mother was wary of consent for this reason, and where a child ended up disclosing abuse during the assessment triggering an investigation. Once again, it is difficult for me to argue that this is a risk of research when, in actuality, the resulting investigation and monitoring of the reported maltreatment is more accurately labeled a benefit to the child.

(c) it is impossible or impracticable to carry out the research and to answer the research question properly, given the research design, if the prior consent of the participant is required;

As explained above, rates of successful connection with children's mothers are likely to be quite low. Requiring such consent will render recruitment of this large population of high-risk parents (i.e., those separated but without a formal custody and access agreement) extremely impracticable.

(d) whenever possible and appropriate, after participation, or at a later time during the study, participants will be debriefed and provided with additional pertinent information in accordance with [Articles 3.2](#) and [3.4](#), at which point they will have the opportunity to refuse consent in accordance with [Article 3.1](#);

As outlined above, we will always attempt to involve and gain consent from both children's parents. Whenever children's parents are not living together and there is no formal custody arrangement in place, we will let fathers know that we wish to gain consent from children's mothers. We will instruct fathers to pass the research information letter to mothers along with a cover letter with a request that she be in contact with the research team (Appendix H). If she does contact us, we will proceed with requesting consent from both parents (and only proceed if both consent). If, as is much more likely, she does not contact us, we will proceed with the assessment of fathers and children.

(e) the research does not involve a therapeutic intervention, or other clinical or diagnostic interventions.

This research does not involve a therapeutic intervention or other clinical or diagnostic intervention.

Situation: Children's biological mother and biological father are separated. Child is living sometimes with his or her biological mother, sometimes with father. There *is* formal legal document outlining custody and access rights.

Frequency: Relatively rare

Who we ask to participate in mother-report component? Biological mother

Who will the child report on? Biological mother

Ethical protocol for consent. In a case where children's mothers and fathers are separated and there is a formal custody and access document outlining decision-making rights for mothers and fathers, the research team will follow the provisions outlined in that document. Thus, if either parent is deemed legally able to consent on behalf of the child, we will proceed with father consent only. If both parents are required to consent, we will only proceed if both mothers and fathers have consented. Our reasoning for the use of a different protocol in this case, as compared to the case with no formal custody arrangement, is that these families have, through their actions, made it clear that a particular system of consent should be followed. To violate this agreement is different than to proceed when no such arrangement has been made. Thus, even though it may be difficult to get consent in these cases, we will only proceed with research if both parents have granted consent.

Situation: Child is living with biological father. Biological father is married or common-law with another women, who is the child's stepmother. This arrangement has lasted a minimum of 2 years and child spends the majority of time in the home with the biological father and step-mother (though he or she may see the biological mother regularly or occasionally). The fathers reports that the child sees his or her step-mother as a maternal figure (i.e., child calls her mom, go to her with problems and concerns).

Frequency: Sometimes

Who we ask to participate in mother-report component? Step-mother

Who will the child report on? Step-mother

Ethical protocol: In this case, the person likely to be the best reporter on the child is the stepmother, and attempts will be made to involve children's stepmother in research (see protocol for mother assessment). For consent purposes, however, we need to consider children's biological mothers. Guidelines outlined above will be followed depending on whether children's biological mothers and fathers have (rarely) or lack (frequently) formal custody and access arrangements.

Situation: Child is living with biological father. Biological father is married or common-law with another woman, who is the child's stepmother. This arrangement has not lasted more than 5 years. The child continues to have regular contact with his or her biological mother and does not see the step-mother as an important maternal figure.

Frequency: Sometimes

Who we ask to participate in mother-report component? Biological mother

Who will the child report on? Biological mother

Ethical protocol: In this case, child will report on their biological mother. For consent purposes, guidelines outlined above will be followed depending on whether children's biological mothers and fathers have (rarely) or lack (frequently) formal custody and access arrangements.

Situation: Child is living with mother and has visits with father. Mother has sole custody and decision-making rights with regard to the child.

Frequency: Sometimes

Who we ask to participate in mother-report component? Biological mother

Who will the child report on? Biological mother

Ethical protocol: In this case, consent from the biological mother would be required and we would only proceed if such consent was granted.

Situation: Child is living with father and father has sole and decision-making rights with regard to the child. Child has visits with biological mother.

Frequency: rarely

Who we ask to participate in mother-report component? Biological mother

Who will the child report on? Biological mother

Ethical protocol: In this case, consent from the biological father would be required. We would let the father know this and ask him to pass along information about research to children's mothers who could contact us if she is interested in participating or in discussing the study further.

Situation: Child is living with father and father has sole and decision-making rights with regard to the child. Child has no contact with biological mother and no step-mother.

Frequency: rarely

Who we ask to participate in mother-report component? No one

Who will the child report on? No one

Ethical protocol: In this case, consent from the biological father would be required. Because children in these cases have no maternal figure in their lives, we would not be contacting a maternal figure and we would not ask children to report on their relationship with their mother.

Appendix D. 1 Research Recruitment Resources

Recruitment Talking Points:

WHO WE ARE: We are students at OISE/Uof T and involved in a research study about fathers and their kids.

WHY WE ARE HERE: We are looking for volunteers for those of you who are currently parenting a child between the ages of 4-16 years of age (if for any reason you don't have contact but working towards a goal of having contact in the future you are eligible to participate).

WHAT THE RESEARCH IS ABOUT: The research is about the relationships between fathers and their kids and the kind of things that may improve or upset these relationships especially when children have been involved in high -risk situations. That is, where partner violence has occurred. We are really interested in how father's relationships with their children change overtime and how these relationships impact children's development.

WHY IS IT IMPORTANT:

There is little research out there that has studied father – child relationships especially when children have been exposed to more difficult family relationships.

This kind of research gives fathers a voice and gives you an opportunity to provide your perspective about you and your child's relationship.

Overtime the findings of this research may contribute to policy and how the father and child relationships in these situations are viewed.

WHAT DOES THE STUDY LOOK LIKE:

You will be asked to complete a number of questionnaires, interviews, and session with your child if possible. We will also be completing some physiological tasks and would like to measure heart rate and have you complete some computer tasks. The study will be completed over a two year period and we would like to check in with you a few times to see how you are doing during this time. You don't have to agree to participant in all parts of the study sessions right now. You can just come for the first part and decide from there whether or not you are willing to continue. With your permission children's mothers will also be asked to participate to gain additional information about your child.

INCENTIVES: As a thank you for participating in our research you will be provided with a dollar amount at the end of each session. For the first session you will be provided with \$120 for approximately 3 and ½ hours of your time. This session will be held at our offices at the university around Bloor and Avenue. Each subsequent session will be \$50.

CONFIDENTIALITY:

All information from the study will be maintained as confidential at all times. Only the research team will have access to the information gathered from you, which will be kept confidential. The Information will be put together so that no-one will be able to detect who said what. The materials we used to gather information about you and your child will be kept in a secure filing cabinet at the University. You can also withdraw from the study anytime and doing this will in no way effect any of the services you are receiving or could receive.

*Appendix D. 2 Recruitment Advertisement Example***Would you like to Participate in a Research Study?**

We are looking for fathers to participate in our study who have a child (ren) between the ages of 4-16 years. You will be provided with \$120 for your participation. Please note: you don't need to be living with your child (ren) but do need to be having regular contact with them. Please contact us to hear more about the study.

Subway accessible
252 Bloor St. W
Email labkscott@gmail.com
Call 416-550-2096



Thank you for your interest but we will only contact as many fathers needed at this time.