

Breaking the cycle of intergenerational abuse: A qualitative interview study of men participating in a perinatal program to reduce violence

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Abstract

Domestic violence and abuse in the perinatal period leads to long-term adverse outcomes for infants, including a greater risk of becoming victims or perpetrators of violence in adulthood. Examining men's beliefs about fatherhood and violence, and their motivations for engaging in programs to reduce violence, is essential to understand how interventions can impact on behavior and break intergenerational cycles of abuse. The aim of this study was to explore the experience of becoming a father in a sample of men who are taking part in a whole-family perinatal program to reduce violence—*For Baby's Sake*. Ten men who had engaged with *For Baby's Sake* were interviewed about their experiences and beliefs around fatherhood. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Four themes were identified: making sense of violent behavior, conceptions of fatherhood, an emotional transition, and breaking the cycle. The data provide a unique insight into men's beliefs and behaviors at this transition point in their lives. This can aid the development of interventions aimed at breaking the cycle of abuse, indicating ways to harness the motivation for a new start and support men to overcome unhelpful behavior patterns.

KEYWORDS

domestic violence and abuse, fatherhood, perinatal mental health

1 | INTRODUCTION

Prevalence estimates for domestic violence and abuse (DVA) in the perinatal period range from 3% to 30% (Van Parys, Verhamme, Temmerman, & Verstraelen, 2014). Alongside the poor physical and mental health outcomes for women (Howard, Oram, Galley, Trevillion, & Feder,

2013; Silverman, Decker, Reed, & Raj, 2006), there is substantial evidence for an association between DVA and poor child outcomes (Evans, Davies, & DiLillo, 2008; McFarlane, Symes, Binder, Maddoux, & Paulson, 2014). Around one in five children in the United Kingdom experience domestic violence during their childhood, and it is estimated that over half of the children who have

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witnessed DVA are also victims of abuse and neglect themselves (Hamby, Finkelhor, Turner, & Ormrod, 2010). Exposure to DVA in pregnancy and the early years is associated with adverse outcomes throughout childhood and adolescence, including poor mental and physical health, lower academic achievement, and impaired social development (Bair-Merritt, Blackstone, & Feudtner, 2006; Evans et al., 2008; Flach et al., 2011). Children exposed to DVA also have a greater risk of becoming victims or perpetrators of violence in their adult relationships (Hughes et al., 2017).

A potential mechanism through which DVA leads to adverse outcomes for children is via parenting behavior, including parent–infant interaction and coparenting practices. For victims, DVA can undermine a person’s ability to provide the consistent, sensitive, and responsive caregiving that babies and young children need. For perpetrators, research indicates that fathers who are violent engage in poor parenting practices such as being physically punitive, rigid and manipulative, and show increased anger, hostility, and overreactivity in their parenting compared to fathers who are not violent (Perel & Peled, 2008; Scott, Thompson-Walsh, & Nsiri, 2018). Moreover, fathers who are violent have been shown to be less sensitive and responsive to their children’s needs, to show less affection, and to perceive their children more negatively (Holt, 2015; Stewart & Scott, 2014). This may be especially the case for fathers of infants and young children as they start to show increased autonomy, which can be perceived by fathers as negative and problematic (Mohaupt, Duckert, & Askeland, 2019).

In the coparenting relationship, lack of mutual support and negative communication are associated with poor parenting practices during infancy and toddlerhood such as insensitivity, harsh discipline, and low expression of affection (Petch & Halford, 2008). Men who are violent may provide negative messages to their children related to violence and women and may undermine the mother’s parenting role; disparate or contradictory child-rearing practices may also impact on the development of self-regulation among infants and children (McHale, Negrini, & Sirotkin, 2019).

These compromised and impaired parenting practices constitute interpersonal trauma for the baby, which can have devastating consequences. Evidence from studies of neurobiological development following early interpersonal trauma indicate deficiencies in memory and executive functioning, emotional regulation, inhibition control, and appropriately identifying threats (Kar, 2018). This is associated with insecure and disorganized attachment patterns, poor emotional development, problems in interpersonal relationships and social functioning, and an inability to keep oneself safe (Child Welfare

Key findings and implications

1. New fatherhood is a motivator for change in men who use violence in their relationships. Therefore, intervening in the perinatal period and including a focus on parenting may improve engagement in programs to reduce violence.
2. Identifying the specific emotional challenges and unhelpful coping strategies that are relevant to new fathers can help to target interventions at the most relevant issues to lead to behavior change.
3. Barriers to men changing abusive behaviors include not taking responsibility for their own behavior or feeling that it is out of their control. These factors therefore need to be targeted early in interventions to aid the process of change.

Statement of relevance to infant and early childhood mental health

There is substantial evidence that experiencing domestic violence has detrimental impacts on infants, which lead to long-term adverse outcomes. Intervening in the perinatal period may prevent early childhood trauma and its consequences. To be effective, it is essential that interventions target the specific beliefs and behaviors of men who use violence in their relationships during the perinatal period. This study explores men’s understanding of fatherhood and violence, drawing out issues to be addressed in interventions.

Information Gateway, 2015; National Scientific Council on the Developing Child, 2012). Despite these findings, there is little research conducted with fathers who are violent in the early years of the child’s life, and especially in the postnatal period, to explore their understanding of parenting and to identify the beliefs they hold in relation to coparenting and child rearing. Without this evidence, it remains unclear how interventions can be best targeted for fathers in order to prevent adverse outcomes for children.

Intervening early in the child’s life, including during pregnancy, is likely to be beneficial not only because fatherhood represents a significant motivator for change

(Meyer, 2018) but also to prevent early childhood trauma and its neurobiological, behavioral and emotional consequences. Interventions need, therefore, to support men who are violent to acknowledge and be accountable for their abusive behavior and also to recognize their parental responsibility. Indeed, a recent review of interventions for fathers who are violent identified two main objectives of such programs: increasing accountability while decreasing violence; and fostering positive father–child relationships (Labarre, Bourassa, Holden, Turcotte, & Letourneau, 2016). However, most of these programs do not include parallel support for victims and children, and evaluation is often rather limited. Even where interventions are aimed at the whole family, for example, for those families where the victim does not wish to separate or where there will be ongoing contact with the father (Stanley & Humphreys, 2017), these tend not to target the early years of the child's life, where preventative early parenting work may be most beneficial.

One such program which aims to fill this gap is *For Baby's Sake*. This UK-based whole-family intervention, developed by the Stefanou Foundation, is aimed at families in the perinatal period where there is identified DVA. The program targets DVA, mental health, parenting, and the parents' own history of trauma in order to break intergenerational cycles of trauma and abuse (Domoney et al., 2019). Men who engage with *For Baby's Sake* receive intensive individual therapeutic support from midpregnancy to 2 years postpartum, which encourages acknowledgment of abusive behaviors, provides tools for behavior change and includes exploration of their own traumatic histories. Alongside this, they receive parenting interventions such as video interactive guidance to support the development of a healthy relationship with their baby and support around building a safe coparenting relationship. Women receive parallel input.

Understanding the experiences and beliefs of men who are abusive toward their partner at the time of becoming a father and who are willing to engage in an intervention to change abusive behaviors is essential to aid understanding of how interventions can impact on beliefs and behaviors. This evidence can provide insights into motivations for engaging with interventions and potentially support future adaptations and refinements to enhance retention; it allows exploration of mechanisms of change which are difficult to elucidate in quantitative evaluations; and it contributes to the wider literature on the fathering of abusive men, providing indications of useful future research.

The aim of the current study, therefore, was to explore the experience of becoming a father in a sample of men who are taking part in *For Baby's Sake* and who are using violence in their current intimate relationship.

2 | METHODS

2.1 | Study design

This is a cross-sectional qualitative study, using semistructured interviews. The study received ethical approval from the King's College London Research Ethics Committee (reference: HR-16/17-4545)

2.2 | Recruitment

King's College London were commissioned to conduct an independent evaluation of the prototype phase of a perinatal program to reduce violence—*For Baby's Sake*—between 2015 and 2019. The population for this study consisted of men who were taking part in the evaluation of *For Baby's Sake*. Eligibility criteria included: aged 17 or over by the time their baby was born, have identified DVA in their relationship, expressed a desire to co-parent the infant, willingness to participate in the research, and a sufficient level of English to respond to spoken questions. Exclusion criteria included those who were unable to give informed consent.

Eligible men were contacted by phone by the researcher. Standard operating procedures were developed to ensure the safety of the participants and the researcher throughout the study. Among those who agreed to take part, the researcher arranged a convenient time and location for a face-to-face interview and obtained informed consent for data collection. Participants were given a £20 voucher for taking part. Ten men agreed to participate in the study. Three further men were approached and declined, stating that they did not have time to take part.

This study aimed to continue collecting data until saturation was reached. However, as the men in the sample were quite heterogeneous and there were a limited number of potential participants, it was recognized that saturation may not be reached across all themes.

2.3 | Participants

The mean age of participants was 29 (SD 7.2), and the mean age of the baby at interview was 8 months (range 3.5–15 months). All participants were White British. Two men were first time fathers, while the others had between one and six older children. Six of the men were cohabiting with or married to the baby's mother at the time of interview. The other four were in a relationship with the mother of the baby but living elsewhere. Over half of the men had self-reported mental health needs, and all but one was a smoker.

The average time on *For Baby's Sake* at the time of interview was 11 months (range 4–21 months).

2.4 | Data collection

Interviews were completed at the *For Baby's Sake* site, at local children's centers, or, where deemed safe, in the participant's home. No one else was present in the interview room besides the participant and the researcher. A semistructured topic guide was developed to structure the interview, which outlined key themes for discussion (this guide can be shared on request to the authors). These themes included becoming a father, learning about fatherhood, and relationships in the transition to fatherhood. The interviewer also asked follow-up questions and explored issues that men brought up which were outside the interview guide.

Interviews lasted between 21 and 57 min (mean length 43 min). They were audio-recorded and transcribed verbatim.

2.5 | Analysis

Data were analyzed following the steps of thematic analysis (Braun & Clarke, 2006): Each transcript was read through several times so the researcher could familiarize themselves with the content and begin to note potential themes; the transcripts were then coded line-by-line using NVivo 12 software. To improve trustworthiness of the data, a second researcher independently coded 10% of the transcripts; any discrepancies were resolved by discussion. Codes were collated into potential themes and subthemes; these were checked against the original data set and refined to ensure coherence. Finally, themes were named and ordered to provide a story of the overall data.

The study took a critical realist approach to analysis. This approach accepts that there are objective realities that exist and operate independently of our awareness, but also recognizes social context and social conditioning which impact on our descriptions and experiences of the world (Archer, 2016).

2.5.1 | Reflexivity

The first author (who did the data collection and analysis) is a White British female clinical psychologist specializing in perinatal and infant mental health and working mainly in a research setting. The interviewer had previously met with all participants as part of an independent evaluation

of *For Baby's Sake* and so had established some level of rapport prior to the interview.

3 | RESULTS

Four main themes were derived from the data. These were (1) making sense of violent behavior, (2) conceptions of fatherhood, (3) the challenge of becoming a father, and (4) breaking the cycle. Quotes are used to illustrate the themes, with participant numbers used in place of names to maintain anonymity.

3.1 | Making sense of violent behavior

This theme captures men's understanding and beliefs about domestic violence. This includes their memories of violence when they were growing up, their understanding of the impact it has had on them, and how they make sense of their own abusive behaviors. The theme highlights the intergenerational nature of abuse and gives some insight into how men describe and explain violence perpetration.

3.1.1 | The impact of past experiences

When asked about their relationship with their own father, many men spoke about difficult and traumatic early experiences, such as parental substance abuse, domestic violence, separation and divorce, parental incarceration, and being a looked after child. Several men talked about having witnessed or been the victim of violence in the home, with some examples of severe, ongoing abuse and others describing frequent arguments.

He was horrible. Violent. My mum told me when she was pregnant with me he put her in hospital. (05)

I got beaten as a kid, I got hurt as a child and I got thrown in my bedroom and they locked the door and I couldn't get out and stuff. (03)

Many also described absence as their main experience of their father growing up, alongside the idea that their father was not interested in them or available. This contrasted sharply with the ways they wished to parent their own children.

My dad doesn't know me, really. He was in and out of prison when I was younger as well, so I

used to have to go and see him in prison and that. (06)

I've met him a few times before, yes, but he seemed to want to get on with his own life and have other children and stuff. (10)

Reflecting back on their parents' relationship, men had mixed views with some recalling upsetting, confusing, abusive behavior of their father toward their mother, and others drawing on more positive memories of stepathers' behavior.

Confusing, it was confusing. He came back, mum took him back... and he was only there a matter of months and then he'd gone and got with another woman. (09)

He wasn't violent against me, but he was a violent person against my mum. (06)

I was brought up mainly by my step-father because my parents separated when I was two and a half. (02)

The way they spoke about these experiences differed. Some dismissed incidents as normal or as no longer relevant to them. Others were very aware of the impact. Traumatic memories of their father's behavior led several men to express feelings of anger and hatred toward their father. For some men, this included attributing partial responsibility for their own anger to their parents, while conversely others indicated beliefs that they themselves may have been partly responsible for their parents' abusive behavior.

I don't want anything to do with my dad. I don't care. My mum brought me up. (05)

It's like, okay, I'm angry, but, like, you're part of that, do you know what I mean. You're my parents, you are part of that. You need to take some responsibility for this. (04)

They were very strict because my behaviour was awful when I was younger. (01)

Some men described how they had previously blamed their mother for paternal abuse, and also how their mother may have blamed themselves. However, most men were at a stage where they attributed responsibility for parental abuse directly to the perpetrator.

Back then, I used to blame it on my mum when I didn't see him and stuff. But now, I understand it's not her fault. He just doesn't really care. He's just like that. (06)

Men also spoke more specifically about the impact of their childhood experiences on their adult self. They made associations between parental behavior and their own use of substances, as well as current mental health symptoms and, for some men, their beliefs, and attitudes toward women.

Every time I do drink, or if I do have a drink, I think of that past, my mum and how she is. It's a deterrent not to. (03)

I think I'd be a bit more, like, less anxious and... Because even before, all I used to do was talk to mum, because I didn't really have a man to talk to, about chats and all that. (07)

I realise now that's had a big effect in the way I was, i.e. meeting women, domestic violence. Slowly went up the same road as him, stuff like that. (05)

They spoke particularly about how their experiences had impacted on them in relation to parenting. This was often expressed as a desire to parent in a different way and to provide things for their children which they lacked when growing up. Others noted how they lacked a role model of a father.

Being there I suppose, not like my father used to be, I'm trying to do the opposite. (09)

My mum brought me up... Maybe that's why I don't know a lot of how all the father-son thing works. (05)

3.1.2 | Acknowledging abuse

Some men were able to acknowledge that they themselves had been abusive and to take some responsibility for this. This included reflecting on how they had behaved in previous relationships and also how they found themselves replicating patterns from the past in their parenting with older children.

Just taking responsibility for my actions. Not passing blame onto other people. (04)

I've stopped myself from doing it but I really would like to talk to her [ex-partner] and say sorry for some of the, she was 18 when I met her and I was horrible. She hates me, which I don't blame her. (05)

I wanted to give them what my dad didn't give to me. But, somehow, history has repeated itself and they didn't know who I was and they got told that, especially [older child], that I didn't care and I didn't want to know anything that she was doing. (03)

However, despite engaging with the program, which has a particular focus on acknowledging DVA, there were also men who did not perceive themselves as abusive and others whose explanations for violent behavior included a sense of it being out of their control.

Everyone says, "Well, he was like that so you should be the opposite." I think in your mindset sometimes you just can't control the way you are because of what you've seen in the past or whatever. (05)

3.1.3 | Understanding abusive behavior

Throughout the discussion men touched on a number of theories about where violent behaviors come from. Some men explained how they had previously believed that violence was normal, and others associated it with using substances.

That's what I've grown up seeing. Fights and violence and stuff like that... So I'm not surprised I grew up being violent because I thought it's normal, but obviously it's not. (04)

I'd been off the drugs for about a month, a month and a half, and it just sent me loopy, a bit of a come down I suppose. (09)

In particular, men described how different emotions, such as sadness, fear, and resentment, were expressed through aggression or violence. Feeling tired or stressed, which are common experiences in the perinatal period, were linked to "sending you over the edge," while some identified frustration at not being able to express themselves as a trigger to aggression.

I think with the depression that obviously came out through aggression. I think the rea-

son it got to that level was frustration ... The lack of sleep, the tiredness and your head is all over the place. (02)

I didn't know what to say, or who to say it to, or how to express myself. So it came out in anger, me lashing out, because I was resentful of other people. (04)

Similarly, some men were aware of particular interpersonal triggers which were associated with violence, such as feeling intimidated or betrayed by others.

A lot of the domestic violence, I realise, was over feeling like you've been betrayed. Like, you know, if you were lied to about something...that would be respect gone, angry, "Why have you done that?" and domestic violence would be a part of that, maybe control. (05)

I get intimidated quite easily. So, as a reaction, I try and become the more threatening one, you know... Not meaning to, but it's like a safety mechanism I give myself. (03)

Several men associated their emotions and behavior with childhood experiences, although for some the associations were not fully understood, which was a confusing experience.

I've had to dig into my childhood quite a lot, which I don't want to do but I had to. Still not there yet. Still don't fully understand where it's come from. I've got a better idea, but no one's born angry, are they? (04)

Certainly, more the last 18 to 24 months I have been much more open about past experiences, about the depression, about what could have caused that from unresolved issues from childhood. (02)

3.2 | Conceptions of fatherhood

This theme captures men's beliefs and assumptions about what being a father means and how they go about fulfilling this role. It includes idealized views about fatherhood as well as the reality of undertaking this role, and the fear of not "getting it right."

3.2.1 | The fatherhood role

Men described their beliefs about the role of a father and gave examples of what this meant. The idea of a loving presence came across particularly strongly, with most men talking about a desire to be involved in their child's life and ensuring that their child knows they are there for them.

Just make them feel loved. Feel like they do belong here. They are safe and happy, fed and watered. They can talk to me if they need to. That's basically it. (04)

Men also spoke about ways to communicate with and teach their children, including being a role model and balancing discipline with affection. They recognized the importance of this for building a strong relationship with the child, including being able to take this role even when they themselves are struggling.

I'll sing to my kids and I'll cuddle my kids, for me you can give somebody all the strictness in the world, that's great, but if you're not going to balance it there's no point. (01)

It's just being there for them, you know, loving and caring. Just being a good role model, I suppose. (03)

Raising a child to be the best you can be, when you're not even at your best, maybe. (04)

Some men talked about the wider aspects of parenting, such as getting involved with the practical side of childcare, providing support to the mother, and getting to know their children's friends.

I suppose knowing other dads and really engaging with it, really engaging with the fact that you are a father means that you're making friends with your children's friends' parents. (08)

Many of the ideas expressed were rather idealized ways of being a father and reflected the ways that men hoped to parent and believed to be good parenting. When men were asked about the best things about being a dad in their everyday lives, many spoke about simple moments of connection, seeing their baby smile or laugh. This simplicity contrasted with the complex ways that they were involved in their children's lives.

You can be having a bad day and just seeing the little one laugh or smile at something suddenly that bad day is gone (02)

3.2.2 | The reality of fatherhood

Alongside these views about good fathering, men described perceived barriers that they face when trying to be a good dad. Sometimes this involved the system around them, for example, being excluded by maternity services, not having enough paternity leave, or not being allowed unsupervised contact when social services were involved due to abusive behavior.

It's a system [paternity leave] that works in mums' favour and ... the importance of mums rather than the importance of dads... So society has got a long way to come when it comes to dads. (01)

I have to be with [partner] and the baby either in public, or I have to be supervised in a private place... But yes, we go to the park and go down town and that, so I can spend time... So I've been trying to do it as much as I can recently. (06)

Others, reflecting on their relationships with older children, spoke of a tendency to be pulled into unhelpful behavior patterns due to traumatic pasts and the lack of role models that they had for being a good father. The challenge of trying to teach someone to manage emotions that they themselves struggled to manage was also a problem.

Like, where I wanted to be that good person, I wanted to be that good dad, but it was like something was holding onto me and pulling me backwards. I couldn't do it. (03)

Didn't really understand how to express myself, but I had to teach someone how to express themselves. (04)

3.2.3 | Getting it right

Men spoke about their fears around "getting it wrong" as a dad. As one man put it:

Nobody wants to fail as a parent, and that link between not always getting it right and failure isn't identified when you've got a new born and your first child; people don't understand that you're going to get it wrong, so in your head you've failed. (01).

For some, the need to support their child emotionally highlighted their own deficits in understanding their emotions. For others, the uncertainty and perceived lack of knowledge impacted on their level of involvement with their child.

Yes. I sort of want to get involved, but it's just, I'm sort of afraid of doing something wrong. (07)

Even for experienced dads, perceived failures with older children created worry about repeating mistakes. However, this also provided motivation to do things differently this time.

But, it's still the what ifs and what if I don't do right? You know, what if I don't become a good dad again? What if I mess up again with my third child? . . . I wanted to give them what my dad didn't give to me. (03)

Well, because I've got a lot of guilt with my other children. My daughter, she was brought up in the care system, not just due to me, due to her mum. I wasn't stable, I was in and out of prison all the time and stuff like that. (05)

Men expressed frustration at having to deal with others' expectations or judgments, particularly those outside the family. These pressures came from a range of sources, including social services, parents-in-law, and more generally from a perceived expectation that men have to be "superman." For some this impacted on their ability to enjoy the pregnancy. Some men described how men's role is undervalued despite having to juggle many demands, and that where they are trying to make positive changes in themselves or their relationships, this takes time and can't happen "overnight."

I think that put a lot of pressure on it. So the happiness was a bit of, "Oh, what's going to happen? We're going to have these people [social services] . . ." So it's not really a normal situation to be in, so it has put a lot of pressure on it. (05)

Well, there is some stuff I'm still doing wrong. I'm obviously still smoking and stuff like that. But I'm still trying to see my daughter as much as I can, and trying to be there as much as I can, and help her. (06)

3.3 | An emotional transition

This theme describes some of the key emotional challenges that arose across the transition to fatherhood, in particular around managing changing relationships, dealing with mental health difficulties, and recognizing problematic coping strategies.

3.3.1 | Managing the relationship

All ten men were in a relationship with the mother of the baby at the time of interview, and six were cohabiting. They discussed both challenges and strengths in the relationship during the transition to parenthood, although, notably, they did not discuss this in terms of abuse.

The changing family dynamics and the focus on the baby could leave men feeling rejected or inadequate. Men spoke about worries that they would not be "good enough" for their partner and wanting to be able to do more but finding this hard due to lack of knowledge. Others noted that the attention they gave their baby could also leave their partners feeling rejected, and some men reflected that the focus on the baby could be used to take the spotlight away from a strained relationship.

On her side, I can probably see all I go on about is [baby]. Maybe in her head she's thinking, "Is that all he's bothered about?" (05)

It's an easy thing for us to do to focus on the children and not each other and we're here to support in practical and physical ways, each other, but possibly not emotionally. (08)

The quality of communication with their partner was talked about extensively. Some men described how poor communication exacerbated difficulties, leading to frustration and misunderstandings. Many men spoke about increased arguments with their partner across the perinatal period, although they did not link this specifically to abuse. Explanations for this included worry about being prepared, poor sleep, men drinking more or spending more time at work, and differences in parenting styles. Some felt that the arguments impacted on their relationship with the baby.

One of those issues was down to communication, so I think there was a huge lack of communication at that time. I think we both had fears and worries, but didn't really discuss that with each other. (02)

It's just, because we argue, I don't want to then go and pick [baby] up, and then she starts getting mad at me. (07)

Where both partners had traumatic histories, this was perceived as both a good and bad thing. On the one hand, there was an idea that it may help to understand each other so that partners feel understood and not judged. On the other hand, it could be seen as a "bad mix," leading to increased social services involvement, which is an additional stressor.

I've been judged about a lot of things in my life, people having false opinions of me and stuff like that and they don't actually know me and it's nice to have someone that doesn't judge you and that's why me and [current partner] get on so well, because we don't judge each other. (03)

Several men reflected on the need for good communication at this time and described how conversations had helped them to resolve difficulties. Some men felt that they become closer to their partner across the perinatal period due to talking to each other more and supporting each other through a difficult time. This had strengthened the relationship and created a "good bond." Others spoke about their efforts to support their partner and "take the strain" off her, by helping with practical duties or "holding it together" through difficult times.

For me personally it [the birth] was quite scary. I was trying to hold it together without letting on too much to my partner as to what was going on. (02)

And, even when we got back here, I had to, as hard as it was, be the strong one, because [current partner] couldn't come out of the bedroom for the first week. (03)

For those where the relationship was not stable, there were reflections on how separation as a couple would impact on parenting and time spent with the child. This included thinking about the need to distinguish between the coparent relationship and the couple relationship in order to fulfil the role of a father, but also acknowledging

that fathers may spend less time with the child following a separation.

If you have struggles in your relationship, and your relationship ends, you don't have to see each other ever again if you don't want to. When you've got children, you do, so you have to put all your feelings aside and you have to come back and still be a dad. (04)

So if you love somebody and they don't love you back anymore or things are not in a good place for either of you it's important to make sure that parenting your baby is separate because otherwise that's when a lot of dads miss out. (01)

3.3.2 | Mental health

Talk about mental health permeated many of the discussions, both in relation to becoming a father and also in relation to violent behavior. Men disclosed experiencing symptoms of depression, anxiety, and posttraumatic stress and struggling with attention deficit hyperactivity disorder (ADHD). These were often exacerbated by the transition to parenthood.

Depression in partners was a particular challenge. Men noted how postnatal depression not only had a negative impact on the woman's own well-being but also on the couple relationship and the relationship with children. Some men described how difficult it is to know how to support someone who is depressed. There was a feeling of this being part of their role, but not having the information or skills to know how to do it.

I think that's definitely having an effect on our relationship, because it's difficult to be in a relationship with someone who is quite obviously very, very sad, and very anxious and depressed... I don't want her to be like that so it's frustrating for me because I can't take it away. (08)

I think it was a lack of understanding about postnatal depression and a lack of support for both parents. I don't know what I'm looking for, I'm not a mental health doctor... I've just seen she's had a baby and she's just very, very low. (01)

Across the transition to parenthood, men described a variety of stressors which could lead to worry and

negativity. Sometimes these were simply described as challenges, but often they linked these directly to symptoms of mental illness. The “emotional rollercoaster,” was a particular feature, with feelings of rejection, jealousy, fear, and worry being cited as contributors to low mood and depression. In light of their trauma histories, poor experiences of being parented, and past/current mental health disorders, these stressors could be hard to overcome.

I know that I can do everything, but I panic, whether it'll be worrying about his safety with, like, what if he falls? What if I'm not there? It was 101 different things going through my mind, knowing full well that I know that I can do it, but in the back of my mind, just, “What if he starts crying? You're just going to panic,” and that's what I do. (03)

The lack of sleep, the tiredness and your head is all over the place. Then you start to get frustrated with the tiniest little things. (02)

Several men spoke specifically about their mental health difficulties, and how these were expressed in the perinatal period, including childhood memories of poor parenting being triggered by becoming a father, anxiety being exacerbated over not knowing how to care for a baby, and having to manage conditions such as ADHD as a parent.

I go through flashbacks and reminisce a lot about the past and stuff like that... it's played a key factor in my mental problem, which I do take Sertraline for. And, it has helped, but it's still the thoughts in the head and things that they've [my parents] done I don't want my kids going through. (03)

He said what he thought had happened is that a lot of issues that I hadn't dealt with from my childhood may have resurfaced given the birth of my son. It is like, “Okay, I am a dad now. I want to do this, this and this. Why do I feel like that was never done for me when I was younger?” (02)

I sort of want to get involved, but it's just, I'm sort of afraid of doing something wrong. So, yes, I just... I don't know. I've got anxiety, so... Might just be a thing. (07)

3.3.3 | Fight or flight

Men spoke about different ways that they managed the challenges of fatherhood and their increasing understanding that many of their coping strategies could be unhelpful. One man described how having a baby can elicit a fight or flight response, with fathers having to choose to run away or stay and work through it. This threat response was also noted in others' accounts, where men spoke about fear and panic being reactions to changing life circumstances. A common strategy to cope with this was through numbing and avoidance of emotion; this included the use of substances, disengaging from the relationship with the partner, and using work or other activities to avoid the situation.

I think partly it [alcohol] was to do with escaping and sort of it's a painkiller I guess, partly it was a way of disassociating me from the situation or bringing myself out of the situation because there is that numbness that comes with it. (08)

So sometimes ignoring it, sometimes not really taking part in the relationship, so letting things fall by the wayside, certainly being more selfish, drinking more and ignoring certain things that should be attended to. I suppose just disengaging is a good word to describe it. (02)

Others described becoming defensive and using aggression as a response to fear or perceived threat.

It's easy to jump straight back to that defensive mode where you're panicking. It can be something innocent but then when you talk to them [partner] you're angry at them and they can't understand why. (01)

I didn't know how to express my emotions very well, so, I would lash out. Break stuff, shout, that kind of thing. (04)

3.4 | Breaking the cycle

This theme captures men's thoughts about what might be helpful to better support new fathers, as well as reflections on aspects of their behavior that they need to change, and how they are going about doing this.

3.4.1 | Help-seeking

Beyond the support they were receiving from *For Baby's Sake*, men reflected on what they thought would have been helpful for them in the transition to fatherhood. This included improved antenatal education to prepare parents for the significant changes to their lifestyle and relationships, and information about child development.

I think they should do that for new fathers, that would be helpful. How to feed, how to change, learn the difference between the cries. Yes, telling us about the thing with the ups and downs, the hormone imbalance, because it might shock some people. (09)

However, some also noted the barriers to help-seeking, for example feeling that they are not legitimate users of services at this time, or a sense that this it would not be seen as normal behavior for men to ask for help.

In reality, everyone has their ups and downs and a lot of men probably wouldn't come forward and ask for help. They wouldn't say, "Look, I'm really struggling here with this baby thing. I need some help." (05)

Yes, it's not recognised [depression] because they don't offer support for dads. "If you get postnatal depression or prenatal depression come and see your midwife," and dad is sat there thinking, "It's unfair and it's wrong that I'm feeling like this, it's selfish," because they don't offer help for the dads. (01)

3.4.2 | Making changes

Men spoke about the process of change and what has been useful to them in doing things differently. For most men, the key motivator for change was fatherhood. Having had poor experiences in their own childhoods, there was a strong desire to provide something different for their children. For some, this was a general sense of building a good relationship with their child, while others identified specific things that they wanted to do differently with their children.

I just want him [child] to have a better relationship with his dad than what I had with mine, really. Because even though you think it doesn't affect you, it affects you quite badly, really, if that makes sense. (05)

Not a sense of belonging. That's, I think, where my anger comes from, but in turn that's helped me make my kids feel like they belong so they don't develop any anger issues. (04)

In relation to violence, following an acknowledgment of the need for change, some men were able to identify specific things that they were working on or that they had done to move forwards, for example, understanding their triggers, being able to regulate their emotions better, and choosing different behaviors.

I have done a lot of learning about myself, my behaviours, what sorts of triggers, the trigger points and bits and pieces. (02)

Understanding where it comes from and controlling it while you're at the peak of anger. When you're really angry, you've still got to control yourself. (04)

Just thinking before I act, for starters... Like now, for instance, we're on a cooling down period. Normally, I would be bombarding her with texts, I would have gone round there. I've had to think to myself, "Right, no. Do it right. Don't do all that sort of stuff," so you have to just think. (05)

They attributed many of these changes to the help they had received from *For Baby's Sake* and spoke about some of the mechanisms which contributed to this, including a feeling of being understood and getting support with parenting.

It helped and he has been a massive help for me, just that hour, we'll have a chat and stuff. It's just a release talking to someone else that can understand and understands me. (03)

I didn't think I was that much of a good father at the beginning but obviously seeing, working with [infant practitioner] and stuff, and she does those videos, shows you what you are doing right and stuff, so, it's changed my perception on it. (04)

4 | DISCUSSION

To our knowledge, this study is the first of its kind to elicit detailed first-hand accounts of the experiences and views of men who use violence in their intimate relationships at

the time of becoming a father. The men in this study had a strong, positive concept of what a father is and the ways in which fathers should be involved in their children's lives. They were able to reflect on the challenges of fulfilling this role and were aware of the discrepancy between the idealized view of a father figure and what they were able to provide for their children. In relation to abusive behaviors, men had started to make sense of the ways in which their adverse childhood experiences (ACEs) were impacting on their adult behavior and reported a strong desire to provide different experiences for their own children. Some were able to acknowledge and take responsibility for current abuse and to describe the ways they were beginning to make changes and what had helped them to do so. This provides useful indications of the kind of support that may be needed to help families break the cycle of domestic violence.

This study identified four key themes, which are discussed below.

4.1 | Making sense of violent behavior

Research on ACEs (Hughes et al., 2017) reveals strong associations between early childhood trauma and subsequent victimization and perpetration of interpersonal abuse. There are several potential explanations for the association between ACEs and adult perpetration, including social learning theory (e.g., the modeling and normalization of violence), neurobiological impacts of early trauma leading to poor problem-solving and emotional dysregulation, and the mediating role of mental health disorders such as post-traumatic stress disorder, depression, and anxiety (Delsol & Margolin, 2004; Kar, 2018).

Different levels of explanation were expressed in this sample. Several men thought that violent and aggressive behavior was "normal" due to witnessing it as a child and one man spoke explicitly about the impact of his upbringing on his views toward women. Men also touched on experiencing emotional dysregulation in terms of finding it hard to deal with sadness or frustration and this tipping over into violence, while others linked current mental health disorders with aggressive behavior.

Some men did not report witnessing violence in the home when they were children but instead described their primary experience of their own father as absence, either physically or emotionally. This included not being listened to, not having a sense of belonging, and feeling that their father did not know them. Van der Kolk (2014) describes the importance of a sense of being known or seen by a parent, of needing a feeling of belonging and approval, and of being heard and taken into account. Not having this can

undermine a person's sense of self-worth and safety and lead to mental health problems. Whether due to violence or absence, the fact that many of the sample did not experience a consistent, containing paternal relationship may have resulted in an impaired ability to manage their own emotions.

Particularly interesting to note were those who identified more complex interpersonal experiences as triggers to aggression, that is, betrayal and intimidation. This suggested a sense of being threatened and needing to regain control in the relationship. This is an important insight for men to make. While this insight alone is unlikely to be sufficient for behavior change, these insights alongside other aspects of the program, such as teaching specific anger management tools (e.g., time-out, steps to anger), may have the potential to reduce aggressive behavior in the face of perceived interpersonal threat, thus providing an opportunity for different outcomes and experiences (Kelly & Westmarland, 2015).

Being on the program suggests that these men had some awareness of their damaging behaviors and for some, perhaps, were at a stage where they were willing to acknowledge violence and take steps toward change. However, others were not yet at this stage and were reluctant to think about the past, or else used past experiences to explain current behavior without an accompanying acknowledgment of their own responsibility.

4.2 | Conceptions of fatherhood

Despite the fact that many of the men in the sample did not have a positive role model from which to learn about being a father, their expectations and descriptions of the role of father do not appear different to that of men from other, nonabusive samples. In this way, they knew what they were aspiring to, and at times they were painfully aware of the discrepancy between this and what they were able to provide.

Previous research on the fathering of men who are violent has highlighted control and discipline as a particular feature, with men described as strict and authoritarian (Perel & Peled, 2008; Veteläinen, Grönholm, & Holma, 2013). Men in the current study, who were still in the early postnatal months, did not appear to identify with this, and instead narratives were more focused around availability and connection. These differences may be because the fathers in this sample were still in the first two postnatal years, and, therefore, many of their descriptions involve idealized views of how they hope to be involved and may or may not reflect how they go on to parent as their children get older. Indeed, the tension between the idealized view in the early years and the reality of fatherhood as children

get older is noted in other research with fathers who are violent (Mohaupt et al., 2019; Perel & Peled, 2008).

This tension was also highlighted in the subtheme “Getting in right,” where men expressed hesitancy due to past failures, and an awareness of having got it “wrong” before. Several expressed guilt over poor relationships with older children. Their experience of positive interpersonal connections may be few and far between, and so they express nervousness about this new opportunity to create a connection. This is in the context of worries about being judged negatively by the system that they are in and their efforts to change perhaps not being seen as good enough or fast enough. Indeed, this may be the case. Babies’ brains develop rapidly in the first 2 years of life, and they are exquisitely attuned to the emotional environment in which they are cared for. Therefore, the pace of change of parents who are trying to overcome their own early traumas may be at odds with the emotional needs of the infant (Cuthbert, Rayns, & Stanley, 2011). This highlights the need for interventions which begin in pregnancy and provide intensive support for new parents, providing them with support for their own emotional well-being as well as specific parenting interventions to meet the developmental and emotional needs of the baby. This type of intervention, with infant mental health at its core, was first developed by Selma Fraiberg and colleagues in the 1970s in order to reduce the risk of developmental and relationship disturbances in the baby where mothers were dealing with their own experiences of trauma, loss, and abandonment (Fraiberg & Shapiro, 1975). Recognizing the importance of this kind of intensive support for traumatized fathers is a key part of whole family interventions which seek to reduce intergenerational transmission of trauma and violence.

4.3 | An emotional transition

Many men in this sample had traumatic childhoods with poor attachments and a lack of support to develop emotional regulation. While many of the current difficulties they describe overlap with those in the literature from samples without such backgrounds, the narratives of these men highlight the ways in which ACEs can shape adult perceptions, expectations, and behaviors in ways that make the transition to parenthood particularly challenging. Adults who have been exposed to early interpersonal trauma as children may have deficits in problem-solving, in detecting and responding appropriately to facial expressions, in regulating their emotions effectively, and in inhibiting behavior (Kar, 2018). In the transition to parenthood, these difficulties may be compounded by stress and lack of sleep. For many of the men in this study, both

them and their partner had experienced early trauma and were trying to navigate the “rollercoaster of emotions” and changing relationships that having a baby entails. This is highlighted in men’s narratives as they talk about fear, frustration, and uncertainty. It is also evident in the high rates of mental health difficulties disclosed by the men in the sample and similarly high rates in their partners.

The rollercoaster of emotions expressed by many men can bring particular challenges for those with poor emotional regulation. Small frustrations or misunderstandings can lead to disproportionate responses, including avoidance and aggression. A good support system is important to manage this—having trusted others to talk to and to discuss worries with can help to normalize some of the fears and frustrations and find ways to problem-solve and reduce stress. However, many of the families in this sample had poor relationships with their own parents, a distrust of support services, and a history of volatile relationships with their partner, leading to a lack of support which could feel overwhelming and isolating. This indicates the need for interventions to provide ongoing support which is consistent and available across the perinatal period.

Challenges in the relationship with their partner were generally not perceived as a reason not to have a baby. Despite many of the men describing unplanned pregnancies, most were pleased to be becoming a father. Other qualitative research (e.g., Baldwin, Malone, Sandall, & Bick, 2018) highlights the positive reactions of men to discovering they are going to be a father, often related to feeling more “like a man.” That was not expressed here, but instead happiness arose from the connection with the partner. This was generally expressed by men who had older children, often with other partners, and so seemed to be connected with a belief in a better future and a new start with the creation of a new family. The hopefulness and optimism for the future underscores how new fatherhood can be a motivator for change and how interventions for DVA can harness this motivation by including a focus on parenting. Interventions that incorporate an infant mental health model are key here to ensure that the needs both of the parent and the baby are held in mind and addressed.

The coping strategies that men described using in response to the stress of becoming a father are similar to those identified in other literature on men’s mental health, that is, withdrawal/avoidance or aggression. These responses can be understood as reactions to a sense of threat within a fight–flight model. Highlighting and labeling these behaviors as coping strategies and being able to identify the situations that give rise to them seemed to be helpful in allowing men to acknowledge problematic patterns and take steps toward change.

4.4 | Breaking the cycle

The need for more support for new and expectant fathers also echoes the wider literature on paternal mental health, with a call for more antenatal education to prepare parents for the upcoming changes and better information for fathers about infant development (May & Fletcher, 2013). This may help to reduce overall stress levels, allowing parents to manage the transition more effectively.

Consistent, nonjudgmental support over a period of time can help to regulate emotional responses and provide a holding environment in which men can feel safe enough to explore their experiences, including acknowledging the impact of traumatic pasts on current behavior and reflecting on the way they manage relationships (Wallin, 2007). Indeed, a key feature of interventions based on an infant mental health model is a strong therapeutic relationship in which a sense of trust and emotional safety can be developed. This allows feelings such as inadequacy or helplessness to be expressed in words instead of actions (Weatherston, Ribaud, & Michigan Collaborative for Infant Mental Health Research, 2020). This kind of support may help to provide a different kind of emotional environment for the baby, allowing men to translate their desire for a better start for their baby into tangible behavioral outcomes.

However, to break the cycle of intergenerational trauma, fathers need not only to have better relationships with their children; they also need to stop abuse toward their partners. While intimate partner violence was not the topic of the discussions in this study, this nevertheless formed the backdrop of the research. The philosophy of *For Baby's Sake* is to take a trauma-informed approach to working with perpetrators, acknowledging their own histories of trauma, and the necessity to process this for change to take place. This comes through in the narratives of the participants in this study, who described their childhood experiences and the ways that these have impacted on them as adults and parents. However, there is also a need to acknowledge and bring to the fore the social and historical context of violence against women, so that the experience of victims is not overlooked. One of the aims of *For Baby's Sake* is to support men to take responsibility for their actions and to acknowledge the ways that their behavior is abusive. While some men in the sample had been able to do this within the early stages of the program and had expressed guilt and remorse for their abusive behavior, others had not achieved this at the time of interview.

As these data highlight, understanding the perspectives of male perpetrators is essential to find ways to engage men in interventions, for example, through a focus on father-

hood, by providing an opportunity to overcome past mistakes, and harnessing the desire to improve relationships. Similarly, this understanding helps to target the particular things that men may find challenging, for example, nurturing a baby's emotions when they have poor emotional regulation themselves, being pulled into old behavior patterns that they are trying to overcome, and being triggered by particular interactions or situations. Furthermore, framing some behavior patterns as unhelpful coping strategies and providing alternatives, alongside providing a consistent, supportive therapeutic relationship within which men can explore different ways of responding, could have the potential to lead to different outcomes for the family. These data also identify some of the barriers to men changing abusive behaviors, for example, not taking responsibility for abusive behavior, or feeling it is out of their control and therefore not something that they can change.

4.5 | Limitations

There was diversity within this sample in terms of the range of traumas experienced, mental health disorders, and number of older children. However, there was little ethnic and cultural diversity and therefore the findings are not likely to be applicable to men from culturally diverse backgrounds. The experiences and perspectives of men from other backgrounds would be usefully explored in future research as views about women and family are likely to differ.

Additionally, within this sample, saturation was not reached on several of the themes. However, the findings highlight the range of experiences that men have and underline the need for an individualized approach when working with families in order to ensure practitioners can target the specific beliefs and behaviors that are problematic within each family.

Two further limitations are worth noting. First, this is a cross-sectional study and therefore the outcomes of the men in this sample in terms of their ongoing engagement with the program and their relationships with their partners and babies are not captured here. While the data indicate a desire for change and connection, it is not known if these men were able to achieve this over time. Second, the focus of this study was on fatherhood and exploring ways to "break the cycle" of intergenerational risk to children. Therefore, while the study explored some of men's understanding about their abusive behavior, it did not capture detailed views about using abuse in current relationships. These data could usefully add to understanding about ways to prevent further abusive behavior.

5 | CONCLUSIONS

A qualitative approach to exploring new fathers' experiences while they are taking part in a perinatal program to reduce violence allows the voices and views of male perpetrators to be better understood. The data from this study provide a unique insight into the ways in which men who are at a transition point in their lives make sense of their experiences and talk about change. This can aid the development of interventions aimed at breaking the cycle of intergenerational abuse, by harnessing the motivation for a new start and supporting men to overcome unhelpful patterns of behavior while keeping infant mental health at the core of the intervention.

Further research would be useful to gain perspectives in different, diverse populations, and follow-up data of this sample would provide insight into whether these men are able to use their early motivation to change behavior and break the cycle of intergenerational abuse and victimization.

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CONFLICTS OF INTEREST

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ETHICS COMMITTEE APPROVAL

The study received ethical approval from the King's College London Research Ethics Committee (reference: HR-16/17-4545).

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