Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED)

Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs

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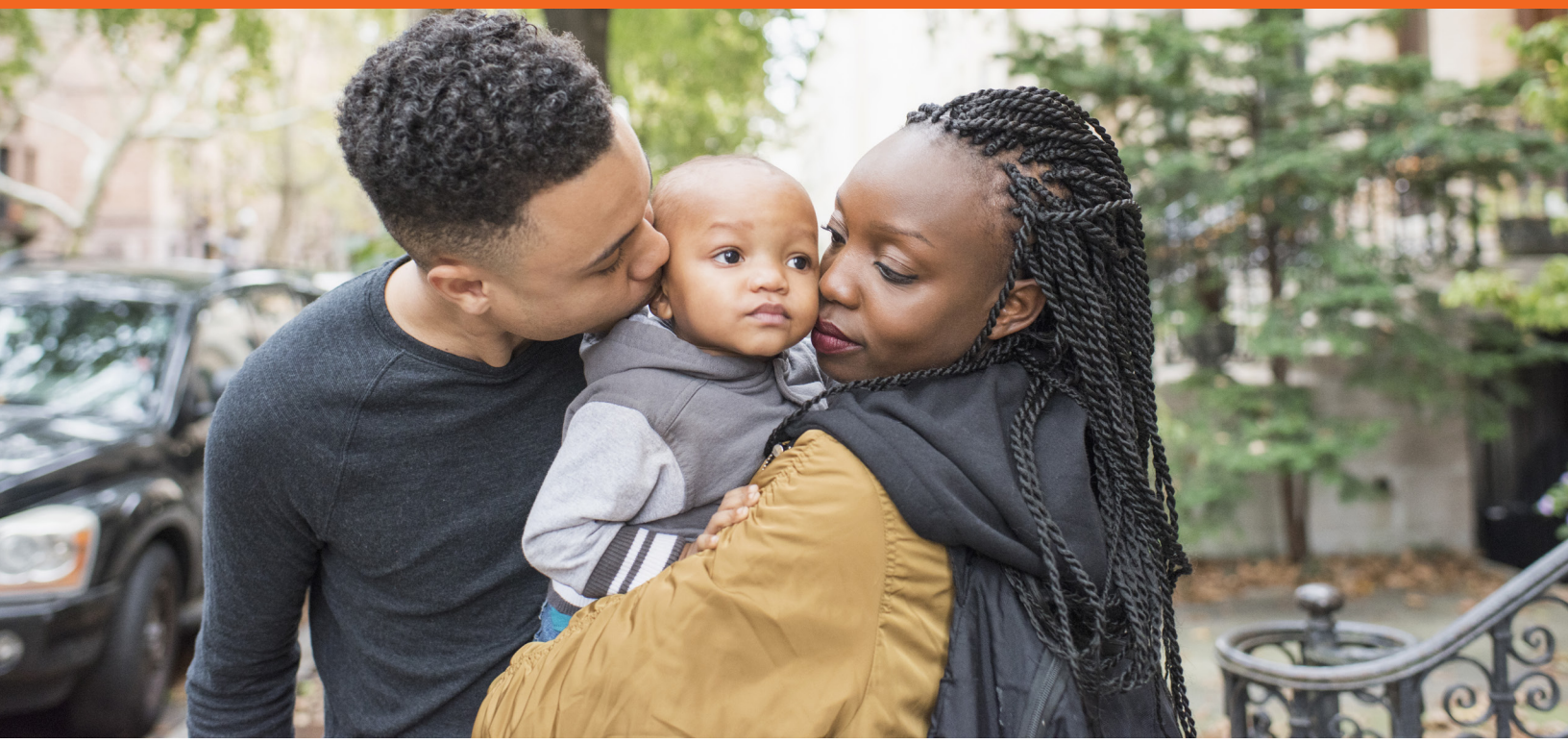

Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs

FINAL REPORT

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Overview

Introduction

Intimate partner violence (IPV) is defined as physical violence, sexual violence, stalking, and/or psychological aggression carried out by an individual's current or former intimate partner.[1,i] IPV is prevalent in society and has lasting adverse consequences for survivors and their children, including poor physical health, psychological distress, and social consequences like isolation from social networks.[2] Given the well-established, potentially devastating consequences of IPV for the entire family,[3,4,5,6,7] there is a critical need for researchers, practitioners, and decision makers to better understand the services that exist to help prevent IPV and address it effectively when it occurs.

IPV services reach a relatively small proportion of men, women, and families affected by IPV. Men in particular can be difficult to reach. Services like battering intervention programs (BIPs)[ii] can be prohibitively expensive, even though a majority of referrals to BIPs are made through court-ordered mandates or via child protective services requirements.[8,9] Therefore, not all users of violence can access BIPs even when mandated or required. Further, the stigma and shame attached to being a male survivor of IPV or to receiving either survivor services or services for users of violence can limit disclosures of violence. Federal Responsible Fatherhood (RF) programs serve men who may be at an increased risk for using or being survivors of IPV. Fathers served through these programs may be motivated to seek out IPV services mostly by their desire to become better fathers. Thus, RF programs are in a unique position to address IPV among fathers, and especially to help prevent it from occurring in the first place.

This report summarizes findings from the Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED) research study funded by the Office of Family Assistance (OFA) and overseen by the Office of Planning, Research, and Evaluation (OPRE). Child Trends and their partners, Boston Medical Center and Futures Without Violence, conducted the study, which examines how RF programs aim to prevent and address IPV through their fatherhood programming. Specifically, this report presents information about the approaches that RF programs take to provide IPV-related services. It also discusses challenges and successes to providing these services, promising practices, and areas for growth.

The interviewees for this study preferred (and overwhelmingly used) the term "domestic violence" (DV), rather than "intimate partner violence." As a result, this report uses IPV and DV interchangeably. To ensure consistent use of terminology, we use IPV throughout the overview, background, and methodology sections. When we transition to the study findings, we use DV to accurately reflect the language choices of interviewees.

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[i] During PAIVED data collection, interviewers asked RF program and partner organization staff to think about "violence between intimate partners" when considering IPV. Interviewers felt that all staff had a good understanding of what constitutes IPV (physical violence, emotional abuse, stalking, and sexual violence). However, RF program and partner organization staff may have nuanced, individual interpretations of the definition of IPV that were not explored in this study.

[ii] Battering intervention programs are also commonly known as *batterer* intervention programs. Throughout this report, we have chosen to use the term *battering* rather than *batterer* to emphasize that using IPV is a behavior, not an intrinsic characteristic or identity of a person.

Purpose

This report aims to inform the Administration for Children and Families (ACF) and the broader fatherhood research and practice fields about how RF programs prevent and address IPV through both required and non-required grant activities and through connections with partner organizations. Using multiple sources of data to document these approaches, this report:

- Provides information about the strengths and gaps in existing RF IPV services and referrals
- Provides a summary of promising practices that may improve the provision of RF services to prevent and address IPV
- Informs the larger fatherhood and domestic violence fields about directions for research and policy, based on the successes, challenges, and barriers to providing IPV-related services in RF programs

Research objectives

This project addresses three key research objectives:

1. Understand current RF program approaches to preventing and addressing IPV/DV through a scan of federal RF programs, a review of existing curricula and other fatherhood program resources, interviews with RF program and partner organization staff, and program observations.
2. Assess challenges and successes in addressing and helping to prevent IPV/DV.
3. Identify promising practices in addressing and preventing IPV/DV.

Methods

The PAIVED project team used the following procedures to address the project objectives: (1) a review and synthesis of RF grantee documents (e.g., grantee applications and progress reports); (2) a review of fatherhood, IPV, and other relevant curricula that fatherhood programs use or could use to help prevent and address IPV among their populations (this review was augmented by telephone discussions with a subset of curriculum developers); and (3) qualitative data collection, including telephone or in-person interviews with RF program (n = 16) and partner organization (n = 11) staff, and observations of RF programming with IPV content (n = 5). Trained interviewers used a semi-structured interview guide, and trained program observers used a standardized protocol for the qualitative data collection. Qualitative data were transcribed and coded for emerging themes.

Key findings

Collectively, the data described RF programs' approaches to IPV prevention and intervention and identified common challenges, successes, and promising practices:

- RF program staff view preventing and addressing IPV as essential to achieving their program goals, noting that violence is closely interrelated to other challenges faced by fathers.
- Staff spoke about the delicate balance between keeping participating fathers engaged in RF programming and pushing them to seek help in instances when they have used violence. RF program staff understand that if fathers are not ready to change, staff cannot force them to attend a BIP.

- Curricula used by RF programs generally include some IPV education, though the amount and type of content vary. All curricula reviewed, including those from the broader field that were not currently used by the RF programs in this study, focused on addressing fathers' perpetration of IPV, but not on fathers as survivors; the PAIVED team observed that fathers appeared actively engaged when this information was presented.
- RF programs create safe, non-shaming spaces and facilitate discussions about the consequences of IPV for children, both of which are central to engagement of fathers in IPV education.
- RF programs screen routinely for IPV at intake; however, they reported that screening at intake is not the optimal strategy to identify fathers in need of services because fathers often do not see themselves as users of violence, and because a trusting relationship with program staff, which supports disclosure, has not yet been established.
- RF programs have diverse protocols for responding to disclosures of IPV and addressing safety. Some RF programs focus on reporting to authorities whereas others make referrals. A few programs described plans for responding if a father or their partner were in imminent danger and providing crisis intervention in tandem with a referral.
- Significant barriers to preventing and addressing IPV among fathers include stigma, fathers' and their communities' normalization of violence, and lack of free and accessible programs for men who use violence.
- Partnerships between RF programs and local domestic violence organizations that are built on respect, strong relationships with shared goals, and trust are instrumental and allow for mutual learning.
- Teaching fathers about the consequences of IPV for children's well-being may be an effective strategy to motivate fathers to better engage in IPV services.

Recommendations

The recommendations below relate to promising practices and areas for growth identified through the PAIVED study.

Promising practices

Engaging fathers in IPV prevention and response

- Target fathers, not just mothers, in efforts to prevent and address IPV (e.g., through education and direct services) to maximize the success of these efforts. Including fathers who use violence is particularly important given the tendency of IPV prevention and intervention efforts to focus on survivors, without engaging users (often the male partner) to the same extent.
- In RF programs, create safe and private spaces for discussing sensitive topics like IPV with trusting staff members who use non-shaming language, including one-on-one meetings such as case management.
- Offer free child care to fathers during RF program activities.
- Use trauma-informed approaches when providing education or services for users of violence.
- Engage fathers who use IPV in motivational interviewing or motivational interviewing-like approaches to promote behavior change.
- Provide universal education to all fathers in RF programs about the consequences of IPV for children and the importance of healthy co-parenting strategies.

Identifying survivors and users of violence

- Assess IPV formally and informally, using non-labeling language, at multiple time points over the course of the RF program instead of one-time screenings.
- Establish and regularly update protocols, including safety protocols, on how to respond to IPV perpetration and victimization in collaboration with local DV agencies or other appropriate partners.
- Use strategies to build rapport with fathers, such as using non-stigmatizing, objective language to describe violence in relationships during education and other services.

Partnerships

- Establish partnerships with domestic violence agencies and BIPs built on a shared vision, mutual respect, and open communication, as these partnerships allow for shared trainings and support around cases of IPV.
- Create or enhance free or low-cost, accessible services for men who use violence, potentially delivered within the RF programs and in partnership with BIPs to minimize barriers.

RF program staff roles

- Train RF program staff on the differences between BIPs and anger management programs, as well as the differences between BIPs and IPV survivor services, so that men who use violence are appropriately referred.
- Connect fathers with IPV services for users and survivors of violence.

Areas for growth

- Particularly when providing services for men who use violence, consider how to better support men as they process their own prior traumatic experiences. Using trauma-informed approaches can support these efforts.
- The intersection of structural oppression, racial discrimination, and IPV was discussed by the project's stakeholder and expert advisory groups but was rarely raised by RF program or partner organization staff. Staff did speak of IPV as connected to other issues such as poverty and housing. Continued discussions and recognition of these issues and the intersecting contexts of IPV and structural oppression may play an important role in understanding how to provide meaningful support for fathers to create healthy relationships.

RF program staff recognize the importance of preventing and addressing IPV. The recommendations above offer the opportunity for fatherhood program providers, providers of IPV services, and the broader fatherhood and IPV research and practice fields to strengthen existing approaches for fathers who have experienced violence as users or survivors.

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Glossary

ACF – Administration for Children and Families

BIP – Battering intervention program. We use this term to refer to any type of program or organization that provides services to people who use violence in relationships.

DV – Domestic violence, used in this report interchangeably with IPV

DV agency – We use this term to refer to an organization that primarily provides services for survivors; they may also provide BIP services.

GAs – Grantee applications

Grantee – Responsible Fatherhood programs with OFA funding

HMRF – Healthy Marriage and Responsible Fatherhood

IPV – Intimate partner violence, used in this report interchangeably with DV

OFA – Office of Family Assistance

OPRE – Office of Planning, Research, and Evaluation

PAIVED – Preventing and Addressing Intimate Violence when Engaging Dads

Partner organization staff – Staff from partnering agencies and organizations of the RF programs that participated in the PAIVED study

PPRs – Performance progress reports

RF – Responsible Fatherhood

RF program staff – Staff from federally funded RF programs that participated in the PAIVED study

QPRs – Quarterly progress reports

Background of the PAIVED Project

Introduction

The Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED) project is funded by the Office of Family Assistance (OFA) and overseen by the Office of Planning, Research, and Evaluation (OPRE). The purpose of PAIVED is to identify approaches that federally funded Responsible Fatherhood (RF) programs take to address and contribute to intimate partner violence (IPV) prevention and intervention among fathers. Findings for this report are drawn from secondary and primary data collection and analysis that examined challenges and successes of current approaches to addressing and preventing IPV, and their implications for new approaches. Consultations with stakeholders and experts in RF and related fields also helped to identify challenges and considerations around engaging fathers to prevent and address IPV.

Users and survivors of IPV

IPV is defined as physical violence, sexual violence, stalking, and/or psychological aggression by a current or former intimate partner.[10,iii] IPV is prevalent and has lasting adverse consequences for survivors and their children, including poor physical health, psychological distress, and social consequences like isolation from social networks.[11] Given the well-established, potentially devastating consequences of IPV for the entire family,[12,13,14,15,16] there is a critical need for researchers, practitioners, and decision makers to better understand the services that exist to help prevent IPV and address it effectively when it occurs.

Report terminology

- **Intimate partner violence (IPV)**. Physical and sexual violence, stalking, and psychological abuse by a current or former intimate partner. Financial abuse may also be used to control an intimate partner.
    - *Physical violence*. A range of behaviors ranging from slapping and pushing to beating, choking, using a knife or gun, and attempted or completed homicide.
    - *Sexual violence*. Rape, being made to penetrate someone, sexual coercion, and unwanted sexual contact or experiences.
    - *Stalking*. A pattern of harassing or threatening tactics that are unwanted and cause fear or safety concerns.
    - *Psychological abuse*. Expressive aggression and coercive control (behaviors intended to monitor, control, and threaten an intimate partner).
    - Other term used: *Domestic violence (DV)*. A term that can sometimes refer to violence in the family more broadly but is often used to refer to violence between intimate partners.
- **Individuals who use IPV.** Those who behave/act violently against an intimate partner.
- **Individuals who survive IPV**. Those whose partner used or currently uses violence against them.
- **Preventing IPV**. For the purposes of this report, prevention refers to services and other programmatic efforts to stop IPV from ever occurring among fathers who might be at risk of using or surviving violence.
- **Addressing IPV**: For the purposes of this report, addressing IPV refers to responding to disclosures of IPV through referrals or in-house services.

[iii] During PAIVED data collection, interviewers asked RF program and partner organization staff to think about "violence between intimate partners" when considering IPV. Interviewers felt that all staff had a good understanding of what constitutes IPV (physical violence, emotional abuse, stalking, and sexual violence). However, RF program and partner organization staff may have nuanced, individual interpretations of the definition of IPV that were not explored in this study.

When IPV occurs, men are often users;[17] this seems to be particularly true in cases of more severe violence and control, given that women are more likely to be injured or killed by IPV than men.[18,19] However, men are not only users of violence. National estimates suggest that over 30 percent of men have survived IPV (in opposite- and same-sex relationships) at some point in their lives.[20] To complicate the matter, many men who use violence in their relationships have survived their own prior trauma, such as child physical or sexual abuse or exposure to IPV as a child.[21,22] Men who use violence are also more likely than the general population to have experienced childhood complex trauma, that is, exposure to multiple traumatic events.[23,24] Indeed, a recent federal evaluation of four Responsible Fatherhood (RF) programs (the Parents and Children Together [PACT] evaluation) found that participating fathers tended to have early exposure to traumatic events, including being exposed to parental IPV. Additionally, many fathers reported perpetuating the intergenerational cycle of violence in their own relationships (i.e., they were exposed to IPV as children, and as adults use violence in their romantic relationships).[25] Men who use IPV are more likely than their peers to also experience problems such as substance abuse, mental illness, and financial stress.[26,27,28] There is little research on the characteristics of men who survive IPV.

Nearly 2,000 programs in the United States serve adult and child survivors of domestic violence (DV programs); the majority of adult survivors are female.[29,30] Generally speaking, these programs help survivors and their children stay safe and stabilize in the aftermath of violence. In conjunction with these programs, between 1,500 and 2,000 programs (often court-mandated or required by child protective services, and referred to as battering intervention programs or BIPs) work with people who use violence and control in their relationships, the majority of whom are male.[31] Although thousands of programs exist throughout the country, there is a shortage of services for the millions of families affected by IPV. [32,33]

Fatherhood programs

Fatherhood programs, including RF programs funded through the Office of Family Assistance (OFA), are uniquely positioned to provide IPV-related services that are preventive (e.g., broad relationship education), and when necessary, responsive (e.g., connecting fathers to the appropriate agencies/providers or in-house services provided in collaboration with partner agencies). OFA provides $150 million in Healthy Marriage and Responsible Fatherhood (HMRF) grants on five-year funding cycles. The third grant cohort, funded from 2015 to 2019, provided funding to 44 RF programs.[iv] There are two funding streams for RF programs: one that targets incarcerated and re-entering fathers (Responsible Fatherhood Opportunities for Reentry and Mobility [ReFORM]) and another that primarily provides services to fathers in the community (New Pathways for Fathers and Families [New Pathways]). These grantees tend to operate in under-resourced communities and target and serve diverse fathers. For example, many RF programs operate in urban, low-income, and majority racial/ethnic minority communities. Moreover, the New Pathways programs tend to target fathers who are young, disengaged, non-custodial, low-income, and those who experience challenges like not graduating from high school, having a history of criminal justice involvement, or having mental or physical health conditions.[34] RF program services involve education and training on responsible parenting/co-parenting, healthy relationships, and economic stability. Other services may be provided to meet the needs of the programs' diverse participants. RF programs operate throughout the United States in a range of settings, from rural to urban, illustrating their capability to provide wide-reaching services to diverse groups of fathers (see Appendix, **Figure 1** for a map).

RF programs often target these diverse populations of men, many of which overlap with populations at risk for experiencing IPV due in part to structural oppression (i.e., the ways that structures of culture, society, and systems perpetuate hierarchies based on individual and group characteristics).[35,36,37,38,39,40] Many fathers served by RF programs have not been, and are not currently, involved in relationships with IPV; however, for participating fathers who either use or survive violence, RF programs may be well-positioned to contribute to efforts that help to prevent and address IPV. Challenges related to using and surviving IPV can interfere with fathers achieving RF program goals, a factor that may further motivate RF programs to address this problem among participating fathers. Recent

[iv] Although 44 RF programs were funded in 2015, funding was discontinued for four of these programs between October 2015 and March 2019.

research also identifies fatherhood as a motivating factor for change among men who use IPV,[41,42] suggesting that services centered around men as fathers may be particularly effective for motivating change.

Since its inception in 2005, the OFA grant programs have required RF grantees to consult with domestic violence (DV) experts to develop program activities. Further, the most recent RF funding opportunity announcements (FOAs) described the need for RF programs to consult with a DV organization in developing IPV-specific program activities, and applicants were required to describe this relationship. However, ACF has little information about what "consulting" with a DV organization actually involves in practice for RF programs. For example, are these partnerships ongoing or one-time consultations? What do these joint efforts to address IPV look like across the country? The 2015 FOA provided some recommendations about consulting with a DV organization by further specifying that the goal of these partnerships is to ensure that program participants are provided with accurate information about DV as well as with opportunities to disclose DV, and that RF program staff are adequately trained to respond to DV disclosures. The 2015 FOA also provided many examples of activities that could help achieve these goals, such as comprehensive training, developing MOUs with local DV agencies, developing safety plans to prepare for DV disclosures, screening for DV, and more. However, little is known about the overall approaches fatherhood programs use to develop these activities and protocols, or what the activities and protocols are.

Researchers from the PACT evaluation note that "avoiding IPV" is one of the most frequently covered topics of healthy marriage and relationship skills curricula used within RF programs. Three of the four PACT RF programs partnered with local DV agencies to provide violence-focused workshops at the program, although the content (e.g., whether targeted to those who use violence or survivors) was not specified. However, fathers were least likely to attend the IPV workshops compared to other workshops.[43] There is limited evidence on how fatherhood programs help to prevent and address IPV, but the available research suggests that at least some RF programs incorporate IPV content into their on-site services—a success in many ways—but experience notable challenges in getting fathers to participate in these services.

Given this limited evidence, many questions remain about how RF programs can help to prevent and address IPV. For example, do RF programs screen routinely for IPV, and when programs screen, do fathers disclose either perpetration or victimization? Do RF programs primarily provide education (e.g., workshops that define IPV and help fathers identify unhealthy patterns of behavior), or do they provide other services either directly or via referral (e.g., BIPs or counseling for survivors)? How do referrals to DV agencies work across RF programs, and do RF staff feel that they are effective? One reason it is difficult to determine the extent of IPV-specific content within RF programs is that IPV information may be integrated into other RF programming areas because IPV is a component of (e.g., healthy relationships) or correlated with (e.g., parenting or employment) other RF priority areas. For example, the PACT report noted that some RF programs provide content about healthy relationships—and potentially about IPV—during parenting workshops. A challenge that programs may have when addressing IPV is that not all fathers in RF programs will have experienced IPV, either as someone who uses violence or as a survivor. Thus, RF program approaches to preventing or addressing IPV need to be relevant for fathers along a continuum of experiences.

Another important context of this work is recognizing that historically, some collaborations between fatherhood and DV organizations have been tense. For example, DV advocates may perceive men in RF programs as potential abusers, while RF staff may perceive DV advocates as lacking understanding of the realities facing men in low-income communities, particularly communities of color.[44] There is a need to understand where these partnerships stand today.

As noted above, there is a shortage of accessible services for users and survivors of IPV in the United States. This report is focused on what fatherhood programs do to help prevent and address IPV by engaging fathers. However, we acknowledge that many female survivors may not receive needed services, such as emergency shelter, transitional housing, counseling, and legal services, due in part to lack of program resources.[45] Many female and male survivors may not even reach the point of requesting services; a report from the National Domestic Violence Hotline found that over 200,000 calls went unanswered in 2018 due to lack of resources.[46] Extensive discussion of services for females surviving or perpetrating IPV is beyond the scope of this report.

Additionally, factors such as race or class can shape an individual's risk of surviving or perpetrating IPV. Given the target populations and diverse communities that fatherhood programs serve, it is important to consider issues of race, structural oppression, and class (socioeconomic status) when preventing and addressing IPV with fathers, and when understanding how RF programs approach IPV services. However, we do not directly examine these correlates of IPV in this report, and therefore cannot consider their influence in depth here. We discuss these important topics when possible throughout the findings and recommendations.

The findings from this report are intended to address these gaps in our knowledge and inform ACF and the broader fatherhood research and practice fields about how RF programs currently address and prevent IPV among participating fathers. This analysis is a snapshot in time that aims to describe the current landscape of federally funded RF programs and the work they do with their local community partners to better identify, respond to, and prevent IPV. We also highlight promising practices[v] from eight RF programs across the country, including recommendations about what RF programs could do to improve IPV-related services. This information ultimately has the potential to reduce gaps in service quality and improve the relevance and availability of effective programs for fathers and families.

Study objectives

Under a contract from ACF's Office of Planning, Research, and Evaluation (OPRE), and funded by the Office of Family Assistance (OFA), Child Trends, along with partners from Boston Medical Center and Futures Without Violence, completed a study entitled Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED). The PAIVED study sought to better understand how fatherhood programs (with a focus on federally funded RF programs) prevent and address IPV among the fathers they serve. The major goal of this project was to help ACF understand the current state of RF-provided IPV services for fathers. The project addressed this goal through three main objectives:

PAIVED project objectives

1. Understand current approaches to preventing and addressing IPV/DV through a scan of RF programs, review of existing curricula and other fatherhood program resources, interviews with RF programs and partner organizations, and program observations.
2. Assess challenges and successes in addressing and helping to prevent IPV/DV.
3. Identify promising approaches or areas of "bright lights" in addressing and preventing IPV/DV.

[v] Promising practices refer to practices that have measurable results and reported successful outcomes, but for which there is not enough evaluation research to prove efficacy.

Methodology

We used the following procedures to address the project objectives: (1) a review and synthesis of RF grantee documents; (2) a review of fatherhood, IPV, and other relevant curricula that RF grantees use or could use to help address and prevent IPV, and discussions with a subset of curriculum developers; and (3) data collection using interviews and program observations with RF program and partner organization staff. For a detailed description of the methodology and a summary of each data source, see the Appendix. Two tables are provided in this section to summarize the characteristics of RF programs selected for participation and the sample sizes for each data collection effort.

The first column of Table 1 summarizes the selection criteria used to identify a diverse range of RF programs for study participation. The numbers in the table show counts of the participating programs (n = 8 in total) that meet each selection criterion by mode of data collection (in-person program visits or telephone interviews).

Table 1. Number of Participating RF Programs by Study Selection Criteria and Mode of Data Collection

Selection Criteria	Program Visits (n 5 RF Programs)	Phone Interviews (n 3 RF Programs)	Total (n 8 RF Programs)
Geographic Region			
Mid-Atlantic and Northeast	1	1	2
Midwest and South	3	1	4
Plains	0	1	1
West Coast	1	0	1
Priority Population			
Fathers from "complex families" (non-married, multiple-partner fertility, nonresident)	5	0	5
Low-income fathers	5	3	8
Fathers with criminal justice involvement	4	3	7
Other "high risk" populations (e.g., teen fathers, unemployed fathers, etc.)	4	3	7
IPV Service Location*			
In house	2	0	2
Partner site	5	3	8
Opportunity to Observe Curricula			
Yes	4	n/a	4

*IPV service locations are not mutually exclusive. Preventive education is not included in this category.

Table 2 provides information about the study sample sizes. A total of 17 organizations (eight RF programs and nine of their partner organizations) and 27 staff participated in the study. The team observed seven program sessions across five RF programs. More detail on study methodology is available in the Appendix.

Table 2. PAIVED Study Sample Sizes

Sample Groups	N
Number of Organizations in PAIVED Study	
RF programs	8
Partner organizations	9
DV agency	6
BIP	1
Local governmental agency	1
Independent DV consultant	1
Total organizations	*17*
Number of Participants Interviewed in PAIVED Study	
RF program staff	16
Partner organization staff	11
Total interviews	*27*
Number of Program Sessions Observed in PAIVED Study	
Program sessions	7
Total observations	*7*

Findings

Below, we present findings related to all three study objectives. These findings are drawn from grantee documents, curricula, interviews with fatherhood practitioners and their partner organizations, and observations of program sessions. The Objective 3 findings are presented in the form of promising practices and areas for growth.

As part of the interviews, the PAIVED team asked participants what language they use to describe violence that occurs between partners. All participants understood the term "intimate partner violence" (IPV) but preferred and used "domestic violence" (DV) throughout the interviews to refer to violence between intimate partners. Therefore, we use the participants' terminology ("DV") in presenting the findings, themes, and promising practices emerging from the objectives.

Objective 1: Understand current approaches to preventing and addressing IPV/DV

Key findings

In general, across multiple data sources, RF programs and their staff report great variability in the DV-related services offered, procedures in place, and curricula used. The team noted consistency in programs' setting and delivery, with programs providing safe, inviting, and rapport-building environments for their programming. There was less consistency in the content delivered, as many DV-related topics were covered in the observed program content, highlighting the different information participating fathers may receive during different program sessions.

DV screening, protocols, and procedures

To document the landscape of RF programs' current DV-related services, we reviewed grantees' original applications (GAs), annual performance progress reports (PPRs), and quarterly progress reports (QPRs) for 41 RF programs funded in 2015.[vi] We specifically reviewed RF programs with respect to their (1) DV-related partnerships (e.g., DV agencies, BIPs, and Child Protective Services); (2) DV-related staff training; (3) DV screening procedures; (4) protocols for responding to DV disclosures (perpetration and victimization), including protocols for safety and follow-up after a referral is made; and 5) DV-related challenges (e.g., partnerships and screenings). This information was verified during initial screening interviews and supplemented with detail provided during interviews with RF program staff (n = 8 RF programs) and their partner organization staff (n = 9).

DV-related partnerships

According to the PPRs, QPRs, and GAs, most DV-related partnerships are with DV agencies, but RF programs also report partnerships with BIPs, DV coalitions and hotlines, and mental health and legal services. These partnering agencies provide support to fathers through referrals and direct services. The PPRs, QPRs, and GAs suggest that DV agencies, not other types of DV-related partners, provide training to RF program staff, and the vast majority of RF programs report that their staff are trained in topics related to DV (e.g., DV/IPV specifically, child abuse and maltreatment, healthy relationships, and trauma informed care). However, the PPRs, QPRs, and GAs do not provide details about these trainings such as their length or frequency.

[vi] At the time of grantee document review, the team knew of one grantee that no longer had funding. As of February 2019, two additional grantees no longer have funding.

DV training

We learned that the eight RF programs interviewed all provided DV-related training for their staff. Trainings focused on how to identify and respond to DV perpetration and victimization. In most programs, staff from partner organizations (e.g., the local DV agency and BIP) provided these trainings. In a few cases, RF program staff conducted trainings in house. In addition, some RF programs required or allowed their staff to attend relevant trainings offered by local foundations and universities. Among RF programs that reported on the frequency and length of staff trainings, these trainings ranged from one training per year to multiple-day trainings held several times per year (e.g., three days of eight-hour trainings, occurring two to three times per year). Specific topics of trainings might include defining DV, understanding different types of abuse, recognizing red flags and warning signs of DV, understanding how to identify DV, asking questions when screening for DV, and understanding the intergenerational cycle of violence. Some programs also offered trainings on safety plans for fathers, the consequences of DV for children, referral resources, abuse on the internet and social media, de-escalation, and screening and assessment tools for DV.

One of the RF programs interviewed had a full-time DV coordinator who held weekly, half-hour meetings, one-on-one, with RF staff members. In these meetings, the staff member and the coordinator usually discussed problems or concerns the staff member might have—about how to make referrals for fathers who use violence, or any other topic the staff member wanted to learn about. The DV coordinator also assigned books for staff members to read or directed them to resources that were of interest.

Screening for DV

Most RF programs reported in their PPRs, QPRs, and GAs (n = 41) that they screen for DV. Programs' approaches to screening differed, however, falling into one of three categories: (1) All fathers are screened at intake, (2) fathers are screened only after disclosure of violence, or (3) screening occurs at some point after fathers are enrolled in the program, in the context of individual case management. One interviewee expressed the view that their RF program's screening procedures (i.e., only screening non-incarcerated fathers who have had romantic relationships in the last year) do not capture all fathers who would benefit from DV interventions.

All RF programs that participated in interviews for this study (n = 8 RF programs) conduct a screening or assessment that includes a DV component at intake. RF programs collect this information from fathers either through a questionnaire or survey, or in an interview with an intake coordinator or case manager. Approximately half of these RF programs noted that they screen for both perpetration and victimization. The depth of these assessments varied, ranging from four *yes* or *no* questions (e.g., asking if physical abuse has taken place) to a 15- to 20-minute interview designed to build rapport and discuss broader issues such as past trauma, drug use, and mental health. In addition to screening, some RF programs conduct background checks and review police records to assess safety, while others rely only on fathers' self-reported DV behaviors and experiences. Echoing what we found in the grantee documents (n = 41), staff we interviewed from RF programs (n = 8 RF programs) indicated that their screening procedures do not capture all fathers who would benefit from DV interventions, as few fathers are referred to DV programs or BIPs. Of note, the programs we interviewed acknowledged the important and often overlooked problem of men as survivors of abuse. However, as the findings described under Objective 2 suggest, most of the discussion with RF program staff around addressing DV in RF programs centered on addressing men's use of violence. See our Objective 2 findings for more on referrals.

Responses to DV disclosures

The information provided in RF programs' PPRs, QPRs, and GAs (n = 41) suggests that there are diverse protocols for responding to DV disclosures. Some RF programs focus on reporting to authorities and safety, whereas others make referrals or pursue other services for their participating fathers. Other RF programs did not specify explicit protocols in the materials reviewed for this study; however, these programs may have protocols in place that they did not report. The language used by RF programs when describing their DV procedures suggests that programs generally recognize DV as a problem, take it very seriously, and understand the importance of making their

participating fathers feel more comfortable about receiving DV-related services. For example, some RF programs include language in their PPRs, GAs, and QPRs around listening and communicating in ways that build rapport (e.g., treating the father with dignity and respect, including in the language used to discuss his use of violence) when disclosures are made; others have explicit language around serving men who are survivors of DV.

Among RF programs that participated in interviews (n = 8 RF programs), referrals were the most common protocol for responding to DV disclosures. Participating RF program staff estimated that they refer approximately 3 to 5 percent of participating fathers for any DV-related services, the majority of which are BIP or anger management services. The protocol for obtaining a referral across several RF programs includes bringing any DV concerns to the case manager, whether the concern was identified during an intake assessment, a class discussion, or brought up by a participating father. The case manager then assesses, sometimes in collaboration with a DV coordinator on staff at the RF program, whether the participating father needs a referral. Referrals are most often made to partner organizations or other local organizations for BIPs and mental health counseling. Some RF programs also reported referring participating fathers who were survivors of violence to shelters and counseling services.

Another approach for responding to DV is to connect fathers with community resources. Staff at partner organizations (n = 9 partner organizations) reported providing fathers with information about available outside services and resources and how to access them. For example, one partner organization staff member highlighted the organization's goal of helping fathers avoid re-incarceration. As part of that effort, the organization helps fathers identify and understand the benefits they are eligible for and how to access and use them. Other partner organizations' staff members noted that they provide participating fathers with phone numbers for hotlines and relevant handouts. RF program staff also commonly connect fathers with DV-related resources in response to disclosures.

According to RF grantee documents (see Appendix for data sources; n = 41), RF programs' ability to follow up after making a referral, whether for DV or another issue, varies greatly. In general, the GAs, QPRs, and PPRs do not distinguish between follow-up procedures for DV versus other types of referrals. At a minimum, RF programs tend to have follow-up protocols in place to guide discussions during case management or other recurring meetings with the participating fathers. Some also have procedures for regular contact with partner organizations. One RF program is part of a larger umbrella organization that provides a range of health services. When referrals are made to organizations that are housed under the umbrella organization, the RF program is able to access participating fathers' records as part of their follow-up. However, it is unclear from grantee documents whether this RF program can access electronic records related specially to DV services. During interviews with participating RF program and partner organization staff (n = 8 RF programs and 9 partner organizations), the team learned that partner organizations have strict confidentiality rules for working with DV survivors and users that limit fatherhood programs' access to follow-up information when a participating father is specifically referred to a DV agency.[vii] Thus it is unlikely that any RF programs can access participating fathers' records from DV partner agencies. Other more intensive follow-up procedures reported in the grantee documents include making house calls to participating fathers.

Of the eight RF programs interviewed, all but two had safety protocols (i.e., guidance for staff to know what to do in situations where there is risk of DV perpetration or victimization). However, these protocols varied. For example, one RF program staff member reported that their safety protocol includes asking participating fathers not to take their notebooks home if they have written about their partner or relationship during class. Another RF program staff member noted that they do not disclose participating fathers' information and do not allow visitors who are not enrolled in the program to stop by during RF program hours. In a situation where a romantic partner or co-parent came to the program and demanded to speak to the participating father, staff immediately told the co-parent or romantic partner to exit the building. A staff member at one RF program noted that couples (a father and his partner) do not participate together in the same workshop. A few RF program staff reported that if a father or his partner were in imminent danger, the staff would immediately call the police and create a safety plan with the survivor

[vii] Laws and organizational rules around confidentiality may vary for survivors versus users of violence. We were not able to assess those differences in this study.

(either the father or his partner). RF program staff also provide crisis intervention, but only in tandem with a referral. Staff from two RF programs reported on safety protocols regarding children and child abuse. Two RF program staff members reported that their staff members are mandated reporters (required by law to report reasonable suspicions of abuse/violence toward others, particularly children).[viii]

A staff member at one of the RF programs without safety protocols reported that the program had considered putting protocols in place; however, they did not do so because they have not had any problems with fathers behaving violently while at the RF program.

DV-related challenges

The RF grantee documents (n = 41) did not yield information about DV-related challenges. Many RF programs reported other challenges related to participant recruitment and attendance, and staff recruitment and retention. The interviews with RF program and partner organization staff probed DV-related challenges extensively; staff insights into these challenges are presented in our findings for Objective 2, in the *Barriers, challenges, and opportunities for growth* section.

Curricula on fatherhood, DV, and other topics relevant to preventing or helping to address DV

Our curricula review focused on DV content and considered whether and how curricula can be used to support education around healthy relationships and/or DV with RF program target populations. The PAIVED team reviewed a total of 18 curricula, which were developed by experts in the fields of fatherhood (n = 7), general parenting (n = 2), DV (n = 4), and healthy relationships (n = 5; see Table 4 in the Appendix). All curricula were either currently used by the RF grantees or could be used within RF programs. The team also spoke with five curricula developers.

More than half of the curricula reviewed are intended for use with fathers or have been adapted for fathers (n = 11). Most of these (n = 7) are general fatherhood curricula, but interestingly, three are DV curricula specifically designed for participants who are fathers. The other curricula (n = 7) all target parents or couples. Although these other curricula have not been explicitly adapted for fathers, they are likely to be adaptable given their intended populations.

Twelve of the 18 curricula provide specific DV content—defined as discussions about violence within one's romantic relationship—with topics such as types of DV, the difference between being angry and using DV, the effects of DV on children, why people stay in abusive relationships, intergenerational cycles of violence, and society's messaging about violence. However, the curricula vary considerably in their emphasis on DV. For example, some curricula provide DV content in every class, whereas others provide it indirectly, such as through discussion of "high-risk situations." Some of the curricula approach DV prevention and intervention by focusing on conflict resolution, anger management, and emotional literacy and coping skills. Others include discussions about coercive control, abuse of power, definitions of various types of abuse, and the effects of violence on adult and child survivors. One curriculum developer from the RF field shared that after piloting their curriculum, they discovered that fathers needed not only skills, but also information to transform how they think. As a result, the developers revised the curriculum content to focus more on why it is

[viii] These reporting requirements differ by state.

important to have a healthy relationship, how to change the fathers' legacy, and how to build a nonviolent home environment, as well as on core communication skills.

As compared to fatherhood curricula, all of the curricula developed by experts in the DV field place more emphasis on DV prevention and intervention, as they were designed specifically for fathers who use or are at risk of using DV. One developer of a battering intervention model stated that examining the childhood experiences of men who use violence is a theme the model focuses on as a motivating intervention point. By understanding how their early experiences—particularly with their own fathers—influenced their belief systems, men who use violence can see how and why they need to change their behaviors.

Of note, none of the reviewed curricula directly address the topic of men as survivors of DV. However, five of the seven RF programs we observed ensure that participating fathers know that their partner DV agencies offer services to all survivors of DV, regardless of gender. More information about the observations is provided in the *Program implementation* section below.

Key strategies of curricula to address DV with men/fathers

A central component of several curricula is helping participating fathers to understand the effects and consequences of DV, particularly for children (and eventually, also for their partners or ex-partners). Reflecting on a curriculum that covers this topic, one RF program staff member said, "The guys don't have a clue as to the damage they do to children. We use an empathy letter[ix] from BIP and some childhood drawings. That helps men understand the harm they've done, so they start wanting to make a difference."

Another core piece of some of the reviewed curricula is teaching the fathers to be more child-centered and nurturing. One RF curriculum developer noted that supporting fathers' nurturing behaviors often reduces abuse as the two are negatively related. Some of the RF curricula does not focus specifically on DV but includes a broader discussion of family violence or child abuse. One curriculum developer described the program as being broadly centered on nonviolence in the context of child abuse. Another curriculum developer discussed using the term "family violence" and expressed the strong belief that helping men change negative behaviors necessarily involves getting them to think about violence against partners, children, other family members, and even pets.

Research support for curricula outcomes

Program evaluation research can help to show whether curricula are achieving their intended outcomes. Most (n = 16) of the curricula that the team reviewed have been evaluated in research studies; however, only three were evaluated using DV-related outcomes (see Table 4 in the Appendix for more information about the outcomes examined for each curriculum). Compared to controls, participants receiving these three curricula had fewer incidents of relationship violence/abuse and a lower likelihood of DV being a contributing factor to substantiated findings of child maltreatment.[47,48,49] One evaluation found that fathers who received this curriculum reported using alternative strategies to corporal punishment with their children.[50] Importantly, three of the healthy relationship curricula reviewed were evaluated as part of a larger program evaluation, but couples with a history of DV were not allowed to participate.[51] This limits our knowledge of how these curricula may help prevent DV or could be adapted to incorporate DV content. It is also important to note that the evaluation findings from these three curricula do not differentiate the effects of each individual curriculum from the program as a whole.

Curricula implementation

Staff from eight RF programs and nine partner organizations provided information about how curricula were implemented during their interviews. Many RF program staff reported that staff from their partner organization

[ix] An empathy letter is written by people who use violence and focuses on an abusive incident or the coercive dynamics of the relationship from the survivor's point of view. It is written as if the survivor were the author and the person who used violence were the intended recipient. It is not mailed and is often destroyed after the exercise is completed.

provide education on DV either instead of, or in addition to, the RF program's curriculum. Two RF programs do not work with staff from a partner organization to implement curricula; instead they use supplemental curricula that address DV. While one of these RF programs uses a supplemental BIP curriculum only with fathers who have been identified as users of violence, the other RF program provides the supplemental curriculum to all participating fathers, although its use is more preventative than reactive. In the latter program, fathers who are at high risk of using DV are referred out to a BIP or anger management program and are not eligible to receive education through the RF program's curriculum. Other programs explicitly allow fathers to complete the RF program's curriculum in conjunction with, or after attending, a BIP or anger management program.

As part of their curriculum delivery, program staff at three RF programs reported that their programs show videos focusing on the consequences of DV for children. One program uses a video that portrays DV through the eyes and ears of a child, and shows the child making a 911 call. When presenting this video to fathers, the DV coordinator asks them to close their eyes and listen. The video used in another RF program shows the trajectories, specifically the short- and long-term challenges, of individuals who were exposed to DV as children. The same three RF programs also use scenarios or skits to teach what DV and trauma are and to bring to light the experiences of fathers who have a DV background. One RF program uses scenarios and assesses whether DV might be an issue for fathers by paying attention to their reactions to the scenarios.

Observed program implementation

Program setting

Beyond examining curricula that RF programs use to address and help prevent DV, the PAIVED team observed seven program sessions at five RF programs to better understand the programs' broader implementation strategies and characteristics. Most (n = 4) of the observed program sessions were delivered in rooms within the building where the RF program was located. One was delivered in a large room in a church, and one was delivered in a building owned by a local church. No details were recorded about the broader physical space of the remaining class.

The PAIVED team observed elements of the physical location that resulted in creating a safe, inviting, and comfortable atmosphere, even in instances when a large group of participating fathers made a room feel somewhat crowded or a small group made a room feel a bit too large. During three classes—all delivered by the same organization—the team observed Christmas ornaments hanging from the ceiling, posters of program graduates, and leather rolling chairs for participating fathers. The rooms used for the other four classes provided ample natural light and contained elements like posters, pictures of staff and participating fathers, bookshelves with books, materials and supplies, plants, and a coffee machine. Child care was provided during one class, with children playing in the space directly outside the classroom and occasionally coming inside to receive snacks from their parents or ask them questions. A few times, participants left the classroom to attend to their children.

Five classrooms were set up with an open-space concept, such that the chairs lined the walls or were arranged in a U shape, with an open area in the middle of the room. The remaining two classrooms had a more traditional arrangement—with desks or tables and chairs facing the front, where there was an easel and large notepad or a whiteboard and a projector. One facilitator told observers that they usually sit in a circle formation but had decided that a more traditional classroom arrangement would be better for the observation. In the classrooms with an open concept, facilitators either sat or stood in the middle of the room or sat in a chair along a wall where no participants were seated. In the more traditional classrooms, the facilitators sometimes walked around, but mainly stayed at the front of the room. Classes ranged in size from three to 12 participants. Only one class (that used a DV curriculum) included female participants—some were partners of the male participants and some were not. Interestingly, this was the one class that provided child care.

Facilitator characteristics

Three classes were delivered by female facilitators, three were delivered by male facilitators, and one was delivered jointly by male and female facilitators. Four classes were delivered by a single facilitator, whereas the other three

were delivered by co-facilitators. Facilitators represented a range of ages (estimated from mid-20s to over 60). Finally, three classes were delivered by Spanish-speaking facilitators. Two classes were observed by RF program staff in addition to the PAIVED team.

Program delivery

As with the program setting, the PAIVED team observed that program delivery promoted an inviting and rapport-building atmosphere. Five classes began with introductions, likely because of the observers' presence. Another class began with participants reciting a pledge and sharing highs and lows from the week. The remaining class began with an activity that involved both movement and participants sharing their thoughts.

The PAIVED team observed a variety of curricula during the program observations, including DV curricula (4), relationship education curricula (2), and emotional regulation/anger management curricula (1). The notably broad range of topics related to DV addressed in the program sessions, includes but is not limited to:

- Types of DV
- Difference between being angry and using DV
- Effects of DV on children
- Reasons people stay in abusive relationships
- Generational violence
- Intergenerational cycle of violence
- Gaslighting
- Society's messaging about violence
- Toxic masculinity
- Gender norms/stereotypes
- Relationship myths
- Ways to have equitable and healthy relationships
- Core beliefs that interfere with healthy intimate partner relationships
- Power and control in intimate relationships
- Dangerous communication patterns (e.g., put downs or invalidation)
- Points of conflict related to co-parenting
- Emotional triggers
- Importance of expressing emotions
- Intentions versus behavior
- Being accountable for one's own actions
- Stages of development across the lifespan
- Virtues, code of silence, asking for help when needed
- Identifying community resources

All seven observed program sessions involved group discussion. Four were structured primarily around facilitator-led group discussion, whereas the other three involved group discussion as one of several activities. For instance, in one class, participants were given a brief period to independently reflect on, and write about, their experiences and then share their thoughts with the group. The same class incorporated videos into the group discussion and included

an independent activity designed to help participants assess their current relationships. Another class involved a wide range of activities, including reading aloud, role playing, group discussion, and two additional interactive activities.

Written materials were used or consulted in many, but not all, program sessions. In two sessions, facilitators did not consult any written materials, nor did they provide participants with any materials during class. However, in five classes, observers noted that handouts were distributed to participants, participants brought folders of materials with them to class, and/or facilitators consulted a manual or other set of written materials.

Program facilitation

The PAIVED team perceived most of the facilitators (in five of seven sessions) to be relatable, accessible, and/or to have good rapport with participants. The team noted a variety of strategies used by facilitators to build rapport, make the class content relatable, and keep participants engaged. For instance, some facilitators:

- Addressed participants by name
- Spoke expressively and/or in an animated way
- Responded effectively to the energy level in the room
- Used informal language (e.g., slang) and relatable examples
- Joked with participants and maintained a light mood
- Shared their own relevant experiences
- Shared their own feelings during introductions, like participants did
- Hugged fathers at the end of the class

On the other hand, one facilitator, who formerly facilitated a BIP but was now working for an RF program, was described as more authoritative and less accessible. One observer noted that during a class for fathers who had all been referred through a court or child welfare mandate, this facilitator's tone seemed somewhat accusatory at times, such as when the facilitator reminded participants why they were attending the class.

During screening interviews, half (n = 4) of the programs reported that they deliberately hire program graduates and/or staff who have similar experiences as their program participants (e.g., involvement with the criminal justice system). Although we do not know the overall racial, ethnic, and other background characteristics of program staff, this practice suggests that some programs make an effort to hire staff members who reflect their participants and community, and that some program directors feel that facilitators who share similar experiences with program participants may more easily build rapport with them.

Participant engagement

Across all classes, overall participant engagement was high. However, not every individual participant was engaged throughout the session. For instance, in a class of 12 participants, 10 seemed generally engaged with the topic and in the discussion, with roughly nine sharing at least one personal experience during the class. In a class of three participants, one seemed withdrawn and bored, so the facilitator engaged him in a role-playing exercise. However, in a class of five, although participants were actively engaged in the discussion for much of the observation period, the energy ebbed and flowed; some participants checked their phones periodically, and one participant fell asleep, with nobody waking him. During five observations, the PAIVED team noted that participants had good rapport with one another, seemed to respect each other, and some even lingered after class to talk informally.

Objective 2: Assess challenges and successes in addressing and helping to prevent IPV/DV

To address the project's second objective, the PAIVED team analyzed data from interviews with RF program and partner organization staff to gather their perspectives on the challenges and successes they have experienced in addressing and helping to prevent DV. We organize our Objective 2 findings under the topics of 1) barriers, challenges, and opportunities for growth; and 2) successful strategies for preventing and addressing DV. Within each topic, we relate our findings to the major themes, shown below, that emerged from the interviews.

Objective 2 themes

Barriers, challenges, and opportunities for growth

- Fathers need integrated services to effectively address the multiple issues they face, including DV.
- There is a need for free and accessible services for those who use DV.
- Fathers resist identifying as users or survivors for several reasons.
- Screenings were not perceived to be effective in identifying DV, and referrals for DV were low.

Successful strategies for preventing and addressing DV

- Fathers' responses to DV-related curricula content were overwhelmingly positive, despite initial resistance.
- RF program staff created safe spaces where fathers felt comfortable discussing DV.
- Children were a motivating factor for fathers to address DV.
- Mutual respect and appreciation facilitated the partnership between RF programs and partner organizations.

Barriers, challenges, and opportunities for growth

Below, we describe four themes that emerged from interviews with RF program staff and their partner organizations. Each theme describes barriers, challenges, and opportunities for growth related to identifying and addressing DV. We provide more detail on each theme using insights in the form of direct quotes to put each theme into perspective.

Key findings

The multiple problems (e.g., housing, substance abuse) that many fathers face every day pose a major challenge to efforts to prevent and address DV. According to RF program staff, DV makes these existing daily problems even more complex. RF program staff emphasized the need for comprehensive, integrated services to successfully address DV in fathers' lives. However, RF programs' efforts to identify and discuss DV were often stymied for a number of reasons; these include ineffective screening procedures, stigma, normalization of violence, and fathers' not identifying as either "batterers" or victims/survivors. RF program and partner organization staff also noted that the cost of BIPs was prohibitive, preventing fathers from attending.

Fathers need integrated services to effectively address the multiple issues they face, including DV

To understand how DV affects fathers' daily lives, interviewers asked RF program staff to identify the biggest issues facing their participating fathers. RF program staff identified many issues, including housing, employment, substance abuse, mental health, child support, lack of education, and difficulty developing and maintaining a healthy relationship with their co-parent. RF program staff recognized that these problems were deeply interconnected, such that a challenge in one area of fathers' lives reverberated into other areas of their lives. As one RF program staff noted, "Education could fix a lot of their problems, like housing. Most of our guys have a problem with housing or a career. You know, if you have education, you could receive a career that's gonna help with housing." Another staff member highlighted the links between substance abuse, employment, and relationships, with substance abuse identified as the biggest problem affecting fathers' employment opportunities and relationships with their co-parents.

When asked what challenges are related to DV (both perpetration and victimization), RF program staff emphasized the nuanced layer that DV adds to an already complex situation for fathers in their programs. One RF program staff member said, "And just sometimes, financial issues can also cause a lot of struggles within the family that maybe a spouse can take out on the mother, especially if the mother's not working or just not helping." Additionally, RF program staff across RF programs mentioned drugs and alcohol as factors strongly related to DV. One staff member emphasized, "Y'know drug addiction is a huge umbrella, anyways, and just statistics and research show that when people are actively using drugs, they're not really themselves anyways. And certain drugs can make you more aggressive than others." Housing problems also pose a great challenge when fathers have been abused. An RF program staff member shared that fathers who do not have stable housing often stay with an abusive partner because they have nowhere else to go.

When asked what support, services, or activities for RF programs would look like in an ideal world, several RF program staff mentioned the need for integrated services for fathers. This speaks to a significant barrier that RF program staff perceive—and an opportunity for growth within the field. To tackle DV (both perpetration and victimization), RF program staff felt it was important to support fathers who are dealing with many other problems; specifically, RF program staff highlighted the need for strong collaborations across community partners so that they can "holistically address violence and fatherhood," meaning that violence should be addressed in conjunction with other commonly co-occurring problems. For example, housing problems, already mentioned as particularly challenging when coupled with surviving DV, may be solved with fairly simple steps. An RF program staff member mentioned that fathers may have difficulty securing housing because they do not have identification documents (i.e., social security card, birth certificate). The staff member explained that assisting fathers in acquiring these documents would be helpful because fathers could secure stable housing and leave a situation in which they were being victimized. One RF program staff member mentioned that their program attempts to support fathers' basic needs when they survive DV, stating that "sometimes the fathers stay there and keep getting abused because it's the only place that they have to go. So, getting that security to help them come out of that situation. They can leave, and their basic needs aren't being affected by leaving her."

RF program staff highlighted the need for strong collaborations across community partners so that they can "holistically address violence and fatherhood."

There is a need for free and accessible services for those who use DV

RF program staff identified the cost of services for users of violence, such as BIPs and anger management programs, as a major barrier that prevents fathers, particularly those with low income, from seeking help. Staff believed that fathers were often reluctant to follow through with a referral made to BIPs or anger management programs, in part due to cost. One RF program staff member said, "If they need anger management, we were. . . sending them out, but if it cost money, then they wouldn't go." Another RF program staff member mentioned that their partner organization had low success rates with BIP referrals partly because fathers were financially unstable and could not

complete the class. An RF program staff member commented, "If I'm worried about eating, the last thing I'm thinking about is going to a healthy relationship workshop that might cost me $1,000."

> If I'm worried about eating, the last thing I'm thinking about is going to a healthy relationship workshop [referring to BIP services] that might cost me $1,000. - RF program staff

One RF program partnered with an organization that offered classes every week to the fathers at the RF program. The PAIVED team was able to observe a class session. While the program called them "emotional wellness" classes, they clearly dealt with topics traditionally covered by BIPs, such as identifying feelings beyond anger, distinguishing between feelings and thoughts, understanding what conflict is and how to handle it with respect, and identifying and handling triggers. The class facilitators had experience working with men who use violence, which they applied expertly, engaging participating fathers in deep conversations without shaming or blaming them. An RF program staff member from this organization described having the external facilitators come to the program as a "beautiful thing," and added, "Had it been reversed, and it was still at their offices, our fathers couldn't afford their services." However, these emotional wellness classes were made available to all fathers, not just those who had used DV. One key difference between a fatherhood program that provides general DV education and a BIP program (offered in the RF program or outside) is that all fathers in a BIP program have used violence, whereas many if not most fathers in a general DV education class have not. General DV education services, therefore, have a different opportunity to support change than BIP programs. This collaboration between an RF program and partner organization to design and deliver free services in-house for all fathers was not found in other programs, but can be considered promising given its reported success and its relevance for other RF programs who may be interested in learning about strategies for preventing and addressing DV.

Overall, RF programs emphasized the need for confidential services for the fathers in their program who use violence. One RF program staff member stated, "I always said if I ever get the opportunity, I would create a free hotline, a free group [for those who use violence]. They got the AA groups all around, 24/7, but we can't get one for somebody who is going to smash somebody's face in. . . they can't get no help." Another observed that there is no funding or support for intervention work with abusive fathers; fathers who simply want more information about DV do not have the resources or support available to them. One partner organization staff member expressed frustration with the cost of BIPs, noting, "I've been saying for years, because I've been working in family violence: We need to pay for BIP. I've been screaming that for years, because I saw the deficit we were having with these cases."

Fathers resist identifying as a user or survivor of DV for several reasons

RF program and partner organization staff discussed fathers' reluctance to identify as someone who uses or survives DV, which was a significant barrier to identifying and addressing DV. RF program and partner organization staff noted that fathers might not identify as someone who uses violence or as a survivor for the following reasons:

- Normalization of violence and one's own past trauma/abuse
- Stigma associated with being a survivor
- Blaming of abuse survivors
- Shame of going to BIPs
- Traditional masculinity norms
- Lack of knowledge about perpetration and victimization

RF program and partner organization staff see these reasons for not identifying as someone who uses or survives violence as interrelated and affecting one another.

Staff discussed the normalization of violence co-occurring with fathers' reluctance to identify as someone who uses violence or as a survivor of DV. An RF program staff member said:

> The biggest challenge is getting them to realize that what they may have seen as normal is not normal. Just because it's been generational, it's just what they know. We. . . help them to see whether or not they need to work on some things as it relates to violence or trauma or DV or messaging that they give to their own children.

As expressed in this quotation, some RF program and partner organization staff attributed normalized violence to the violence-related trauma fathers experienced in childhood, whether that experience was being exposed to DV as a child, being a survivor of child abuse, or both. RF program and partner organization staff also connected perceptions of manhood to the normalization of violence. An RF program staff member said, "Remember he's a man. He's learned this false assumption that because he is a man he gets to act out and behave this way." RF program staff also noted that when men are survivors, they feel ashamed because men are supposed to be "strong" and not "victimized or taken advantage of."

RF program staff identified fathers' lack of understanding that men can be victims and the stigma around male victimization as key barriers to addressing the needs of fathers who suffer abuse.

Staff also discussed fathers' past trauma in connection with their tendency to deflect responsibility for using violence. As one RF program staff member remarked, "He himself has been victimized. Now he wants to alleviate it or play the blame game and don't want to accept responsible behavior. He's messed up, he's put his hands on the individual that has his children. . . now he can't see his kids and he's wondering why." Other RF program staff discussed fathers' tendency to engage in victim blaming, with one saying:

> They don't want to acknowledge it. . . . They say, "She hits me, so I hit her." When really, you've probably been hitting her the longest and now. . . as soon as the altercation pops off, she's looking aggressive. . . . She knows he's going to attack, so she attacks him first so she can wear him down to win the altercation.

Staff discussions of normalized violence, past trauma, and victim blaming suggest that fathers may not realize they are users or survivors of DV. However, RF program and partner organization staff also discussed reasons that fathers do not particularly identify as users of violence, suggesting that while fathers know they use violence, they have reasons for denying it. For example, staff perceived that fathers have a lot of shame associated with participating in a program with words such as "batterer." In support of this, RF program and partner organization staff reported that some fathers who have already identified (or been identified by the courts) as users of DV and are in BIP felt ashamed and did not want other people to know. One RF program staff member connected this sense of shame to the negative connotation of "batterer" in BIP, and noted that labels such as "anger management" are more palatable to the fathers:

> If there is an anger management class, of course we would refer to that if. . . because they are more likely to go to that than something called "batterers program." I don't like the name of that either. I mean, that's like—that's got such a negative connotation.

In this quote, the BIP services were described as "anger management"—even though BIP differs from anger management programs,[x] and anger management services are not considered an appropriate substitute for BIP services—to make them more palatable to participating fathers. This quotation suggests that this staff member feels that because fathers do not see themselves as batterers, they are not likely to go to something labeled "BIP."

RF program and partner organization staff also noted that fathers resist identifying as survivors of DV, even when staff members hear or see signs of physical and other forms of abuse. Staff attributed this resistance to traditional

[x] Anger management and BIP services differ in important ways, such as viewing anger versus abuse and control as the primary problem(s), the focus on managing emotion versus beliefs and behaviors, a fundamental attention to loss of control versus taking of control, viewing mental health versus society as the root cause, as well as the length of the intervention and attention to consequences, survivors, accountability, and gender socialization and sexism. Source: Huffine, C. (2000). Common differences between anger management and batterer intervention programs. *Allies in Change Counseling Center.* Retrieved from https://www.fcadv.org/sites/default/files/9Anger%20Management%20vs%20BIP.pdf

masculinity norms and fathers' lack of understanding that men can be survivors. In discussing fathers' resistance to identifying as survivors, RF program and partner organization staff mentioned that fathers often describe their partners' abuse in a joking manner. As one RF program staff member remarked, "When you see fathers laughing like, 'She's just in my face,' and it's like you don't know the seriousness of it. . . . You have PTSD because you were stabbed 9 times in your sleep." Given the difficulty of getting fathers to admit that they are survivors, one RF program staff member expressed the belief that "it's a lot more dads that are experiencing intimate partner violence as a victim than. . . is recorded."

RF program staff also mentioned pride and fear as key barriers to fathers' identifying as survivors of DV, and staff attributed these feelings to fathers' perceptions of traditional masculinity. A father may be afraid that needing help or being abused makes him less manly, and so by not disclosing the abuse, he maintains his manhood pride. Fear could also relate to fathers' lack of self-sufficiency and their dependence on their partners for housing.

RF program and partner organization staff also discussed stigma when it came to men as survivors. One partner organization staff member noted that "DV is a challenge for dads because if they are the ones being violated, stigma doesn't allow them to open up and report that." RF program and partner organization staff connected this stigma around victimization to shame and embarrassment that participating fathers feel about their experience as survivors. The staff also noticed fathers' discomfort with discussing male victimization for fear of being laughed at by other participating fathers. An RF program staff member noted that a common societal response to men who disclose is to say, "Be a man. You should be able to take it." Some fathers become quiet and less responsive during discussions of men as survivors of DV.

Screenings were not perceived to be effective in identifying DV, and referrals for DV were low

RF program staff reported that because fathers do not easily identify as users or survivors of violence, there were challenges to effectively screening for DV (for both perpetration and victimization); in addition, referrals for DV were low, both in terms of staff's provision of referrals and fathers' follow-through with recommended DV resources. Although a few RF program staff members noted that the screening process worked, many commented that it was difficult to elicit honest responses related to DV (for both perpetration and survivorship) from fathers during the intake process. RF program staff noted that at the time of these assessments, fathers did not have an opportunity to build a relationship with RF program staff or to develop trust in the RF program as a whole. One RF program staff member remarked, "So we meet you and say, 'Hey what's your name? Do you beat your wife?'. . . .They don't even know [us]. . . . It seems like you wouldn't be getting the real story because you don't really know them when you're asking them these questions." RF program staff who raised these concerns recommended re-assessing for DV later in the RF program, once participating fathers are more comfortable with the RF program staff.

Staff reported that that even when fathers were identified as users or survivors of DV, they were not always ready to get the help that they needed. In these cases, RF program staff provide the fathers with information about available resources (e.g., shelters, BIPs, and other local organizations to which staff could refer fathers), with the suggestion that they could use those resources in the future. When possible, some RF programs follow up with fathers to ensure that they are following through and attending the program to which they were referred; however, due to confidentiality laws, it is often not possible to follow up with the DV partners about specific fathers. An RF program staff detailed an experience of trying to connect survivors to services, saying, "We gave him the card, he left it on the table. . . but we put another one in the folder. . . maybe it's not time. . . and maybe he's not ready, but maybe later he will." When fathers can address the reasons they do not want to identify as a user or survivor of violence (e.g., traditional masculinity norms or lack of understanding), they may become more willing to disclose experiences

as users or survivors of DV. Addressing these points takes time and underscores the need for multiple DV assessments throughout the course of programming.

Strategies for addressing DV

The next section describes seven themes in RF staff's views of successful strategies for addressing DV. These strategies relate primarily to efforts to mitigate fathers' initial resistance to participating in DV content and to enhance partnerships between RF programs and partner organizations.

Key findings

RF staff reported that several strategies mitigated fathers' initial resistance to participating in DV content, and several practices enhanced partnerships between RF programs and partner organizations (mostly DV organizations; see Table 2). Staff noted that even fathers who were initially resistant to participating in RF programs, including engaging in the DV content, were generally appreciative in the end. Two essential components of this successful engagement were creating safe spaces and discussing the impact of DV on children. Additionally, partnerships with DV organizations were key, and successful partnerships were built on mutual respect, availability and openness, and a shared goal of helping fathers.

Fathers' responses to DV-related curricula content were overwhelmingly positive, despite initial resistance

RF program staff reported that fathers responded well to the RF programs' DV-related curricula at the end of the program, but this was not the case at the start. Staff indicated that some fathers initially resisted RF programs and the DV program activities related to perpetration, claiming that they did not need to participate in them. In some cases, staff felt that fathers whom they perceived to use violence were in denial and did not identify as a person who had used violence; staff felt this denial may be attributed to the fathers' normalization of the behavior. As one RF program staff member relayed, participating fathers have said, "My parents beat me, and look, I'm fine." Another reason fathers may believe that they do not need to participate is because they think their DV problems (both perpetration and victimization) are in the past. As an RF program staff member said (in reference to perpetration):

> I think they don't think they need it because nothing happened that day. . . . It's kind of like eating healthy your whole life. You're not sick now, so you don't think eating healthy is that important. As you get older and you're trying to figure out why you got all these ailments and illnesses, it's because you ate poorly. It's the same thing.

RF program and partner organization staff reported that, despite fathers' initial resistance to participating in the RF program and/or completing general RF and DV-specific program activities, most were glad that they attended the RF program by the end. RF program staff observed that over time, the fathers saw the value of what they received from RF programs, such as:

- Useful information about DV and how it affects intimate partners and children
- Opportunities to engage with peers
- Interactions with RF program staff members who cared about them
- Appropriate referrals for additional services to help them meet their goals

One partner organization refers men who have been charged in court with perpetrating DV to an RF program that has combined BIP and fatherhood-related services for fathers identified as using violence. Although the RF program also serves fathers who have not used violence, this particular service is available only to fathers who are referred through a child welfare or court mandate due to using violence. This is another example of how RF programs may

offer free services for users of violence within their RF program locations. Areas for improvement may emerge in the future after this joint BIP and fatherhood pilot program is completed; however, the RF program and partner organization staff perceive it positively. A staff member from the partner organization described fathers' responses this way:

> Eighty-five to 90 percent of the fathers that [they've] sent to [RF program] who went in kicking and screaming say they were glad they came. Because of the information that they're getting them, to be in a room with other fathers, and the accountability piece, not the judging piece, and valuing them."

Similarly, another RF program staff member noted that "the people who you think aren't paying attention, are being the grumpiest about it, they actually usually seem to be the ones who come back and say 'You know what? This really works.'" This RF program staff member shared a story of a father who participated in the program twice. When he returned to complete the program for the second time, the RF program staff told him he would not be receiving an incentive for repeat participation, to which the father responded, "I know, I just want to come back and actually pay attention this time." Referencing this story, the RF program staff member stated that "it was a really shocking thing." Program staff noted that if they could convince the fathers to attend just a few program activities, even if they were simply sitting and resisting participation, they might eventually recognize that participating in the RF program would be beneficial to them.

RF program staff reported that one outcome of RF programs' DV-related activities was fathers' increased knowledge and understanding of how DV is defined. According to RF program staff, with this new knowledge, fathers self-reflected on their own past actions, which they did not realize were DV. Many fathers increased their understanding of how their use of violence affected their partner. An RF program staff member recalled a participating father who did not realize that repeatedly calling his girlfriend names would negatively affect her over time. Other RF program staff said that after participating in the RF program, fathers understood that what they did was wrong and that they needed to correct it; fathers learned about the consequences of their actions—for partners and for children—and that motivated them to change their behavior. Taking it a step further, staff knew of at least one father who took the knowledge he gained and apologized to his partner. Another RF program staff member relayed that a father reached out to a former partner to apologize: "He came back and said he talked to her and apologized, because now he sees all those years he was being abusive, now he could see the mental and physical abuse that he was causing to his victim."

As a result of DV education, RF program staff reported that some fathers also realized that they are currently survivors or were exposed to DV as children. They did not realize that some of their partners' and/or parents' actions toward them were considered abuse. In cases where fathers were aware that they were exposed to DV when they were younger, program content brought up traumatic memories and emotional responses. For example, an RF program staff member discussed a father who had a major outburst in class and said he could not keep listening to the video because he distinctly remembered seeing his father abuse his mother. Although fathers respond positively to DV education as a whole, this example suggests RF programs need to be trauma-informed and should be doing more to address fathers' past trauma and exposure to DV as children.

Lastly, some RF program staff described situations in which fathers who completed the program expressed gratitude to them. Fathers appreciated having a place to receive the services they needed and the knowledge and self-understanding they gained throughout this programming.

RF program staff created safe spaces where fathers felt comfortable discussing DV

RF program staff reported that discussions about fathers' experiences as users or survivors of DV are an important part of DV education, and they used a variety of strategies to create safe spaces where fathers felt comfortable having these conversations. When asked what programs need to do to address DV, one RF program staff member responded:

> We really have to get at the root of "How do you feel about it, what are your emotions . . . how is that affecting your relationship with other women, how is that affecting your relationship with your child?" We have to create safe spaces to talk about those things and educate people.

Yet, because of the stigma associated with expressing feelings and with DV, staff feel that many fathers are reluctant to discuss their experiences. As one partner organization staff member explained:

> A lot of times men grow up in a world where they're not allowed to talk about their feelings, their emotions, things that bothered them. So DV is something that men don't communicate a whole lot about or feel like they have the opportunity to communicate about. . . . I feel like this program was very instrumental in giving them a safe place to talk about it.

As noted earlier, by developing rapport with fathers, engaging fathers in one-on-one settings (e.g., case management), and discussing DV in a non-shaming, nondirective way, RF program staff helped fathers overcome the stigma associated with DV and reflect on and discuss their experiences openly. Developing rapport with fathers was a primary strategy RF program staff used to help participating fathers feel comfortable sharing their experiences as users or survivors of DV. RF program staff developed rapport by emphasizing their shared experiences with fathers. One RF program staff member explained, "This is a judge-free zone, so [fathers] are free to discuss whatever. . . free to ask any questions. . . . I'm a facilitator that talks about my life, my daily life. I put that on the forefront." Similarly, one RF program staff member reported that he referred many men to a local licensed counselor who was formerly incarcerated because they could relate to him due to that shared experience. Unfortunately, the staff member was aware of only one such counselor in his community. RF program staff also attempted to match fathers with staff with whom they would feel comfortable. For example, staff might match a father to a male coach if the father seemed reluctant to talk openly with a female coach. After developing rapport with RF program staff, many fathers shared instances of DV (perpetration or victimization) that they had not initially disclosed.

After developing rapport with RF program staff, many fathers shared instances of DV (perpetration or victimization) that they had not initially disclosed.

RF program staff also identified case management as a more comfortable space for fathers to discuss DV, particularly if case managers build rapport and trust with the fathers. Case managers typically oversaw the fathers' needs, which included DV perpetration or victimization referrals, employment, housing, and/or anger management, throughout their participation in the RF program. Regular one-on-one meetings enabled the case managers and fathers to build a trusting relationship. As one RF program staff member noted, "Even though we do an assessment on everyone that enters the program, we may not pick up on it during the initial assessment. But with our facilitators and case managers, in building a relationship with many of our participating fathers, we're able to pick up on a lot more." This can be particularly true for survivors of DV, who, according to one RF program staff member, often "don't reveal [their abuse] until we are deep into the relationship." Many RF program staff also reported that when there was a DV concern, the first step in addressing the concern was for fathers to meet with a case manager, who would assess the resources and referrals needed.

RF program staff also were careful to present DV content to fathers in a non-shaming way. One RF program staff member explained, "We are not pointing a finger at anybody. What we're saying is that if this is you, then this case manager is here to help you get help." RF program staff reported that using a non-shaming approach made fathers more likely to discuss their experiences and ask for assistance. One RF program staff member remarked that when the material is presented in a way "that's not threatening and is open. . . people kind of freely talk about 'Oh yeah, sometimes I do get angry and I'm over the top. What do I do about that?' or 'What do you suggest?'" Another RF program staff member observed that fathers were more receptive to classroom lessons after the program adopted a more non-shaming approach. RF program staff also noted that approaching domestic violence in a non-shaming way made respondents more likely to open up about their pasts. A partner organization staff member said, "If you go in there in a neutral way, you learn that their experiences with [DV] often were started as children. . . you have to go at them with a very open mind."

When working with fathers on how to handle DV perpetration, RF program staff reported that taking a nondirective approach was more effective than telling fathers what to do. One RF program staff member noted that it "drives the [participant's] ownership over the process" to conduct intake in a collaborative way in which the father is identified as "the expert."

RF program staff also observed that being too directive risked disrupting the relationship between fathers and staff. Reflecting on interactions with men as survivors, one RF program staff member reported that "most victims are the best at assessing [for] themselves] when it's safe to leave or not. . . the last thing you want to do is ask why they don't leave, because what it would also do…is push them away from you." One RF program staff member remarked that staff sometimes walk a fine line between educating participating fathers and preserving rapport with them: "If they kinda get too defensive about it, I kinda will back off a little bit. . . . I want them to still feel that they can talk to me. . . being their facilitator I want to educate them but. . . I don't want to make them mad, either."

RF program staff also create safe spaces by encouraging fathers to discuss DV with staff one-on-one, rather than pressuring them to share their experiences in classroom settings. One RF program staff member explained that facilitators do not force participating fathers to answer questions in class. Instead, during class, fathers often "just like to take in and not actually say anything about it until later. . . then later during the individual session, there's more time to talk about things. . . you don't want everybody to know about." In addition to having regular one-on-one appointments with fathers (e.g., through case management), many RF program staff encourage participating fathers to meet with them after class to discuss thoughts or feelings that they did not feel comfortable sharing with their peers. Finally, some RF program staff use hypothetical situations when discussing DV in class instead of asking fathers to share examples from their lives.

RF program staff reported that they cannot force fathers to change when it comes to their use of DV. Instead, RF program staff maintained, fathers must be open to discussing DV perpetration, reflecting on their behavior, and making a change themselves. As one staff member commented:

> When dealing with [DV], it always becomes a challenge for people whether they want to accept it or not. . . once we put the information there, it has to touch you in some kind of way even if you don't want to accept it. . . . We hope you will address it, that's about all we can do, we can't make you do anything.

By using strategies to create safe spaces in which fathers feel comfortable reflecting on their experiences of DV (perpetration or victimization), RF program staff hope to "plant a seed" that will result in fathers changing their behavior and taking advantage of the resources available to them. As one RF program staff member explained, "The way we case manage and provide support allows for the men to trust us and be open about what they have going on. So, we try to help them feel ok with their struggle. . . . That's why they're here, no matter what the issue is."

Children were a motivating factor for fathers to address domestic violence

Across RF programs, staff members highlighted that by approaching DV in the context of children, fathers gained knowledge and reflected on their childhood exposure to DV, which motivated them to address DV in their lives.

RF program staff emphasized the importance and effectiveness of discussing the consequences of DV for children. One program staff member noted that fathers were noticeably more willing to participate and engage in class content about the consequences of DV when the focus was on their children rather than on their partner. "A lot of participants don't necessarily come to these doors caring if they're bad partners," the staff member said, "but they do not want to be thought of as bad fathers. So, that's a great in—a great angle for us is the impact on their children." Another RF program staff member commented that by "talking to dads through their children," the staff did not make fathers feel labeled as an abuser or the abused; as a result, fathers were more receptive to class content. This staff member emphasized the effectiveness of the approach by drawing a parallel between learning about the effects DV and the effects of secondhand smoking, saying, "From my experience, people quit smoking when they understand what it does to their child."

RF program staff also stated that fathers, who had little to no knowledge about the consequences of DV for children, were motivated to address their use of violence after gaining this knowledge. One staff member described a powerful activity in which fathers watch a video of a 6-year-old girl calling emergency services because of a DV situation; the second part of the video shows the same individual as an adult who is living in a challenging situation because she did not receive treatment for being exposed to DV as a child. The staff member, who has facilitated the activity for many years, reflected on how fathers respond to it: "I've had plenty over the years say, 'I didn't know I sounded that way. I did not know that's what I sounded like to the children.'" Fathers were encouraged to remain engaged in class so they could learn how to better use the resources available to them and their families. One partner organization staff member commented, "I'll have individuals mention that they don't want their own kids growing up in a similar situation and so they take the resources very seriously and say, 'I want to be able to use this when I go back [to my children].'"

In class sessions, fathers reflected on their childhood exposure to DV, and doing so helped them recognize that they do not want to expose their own children to DV. One RF program staff member said, "They don't even realize that they are perpetuating the violence sometimes. I mean some of them do, obviously, because some of them say, 'I'm never doing that to my kids, because that's what happened at my house.'" A partner organization staff member shared that during a workshop session, a few fathers said, "'That's why I want to be different from my dad. I want to be present for my children. And I don't want to do some of the things that my father did to my mother.'"

According to RF program staff, learning about the consequences of DV for children and reflecting on their own past trauma encouraged fathers to become better versions of themselves for their children. One RF program staff said, "It's like this whole kind of, you know, lightbulb that they get, that's like 'oh my gosh, this is really affecting my children, and I need fix this because my children are going to be messed up.'" Over time, they begin to recognize the impact of their behaviors with the children's mother on their children. Another RF program staff member said, "You can see folks saying, 'Okay, this is something that has impacted me. I don't want this to continue. I'm going to try to, you know, do better or be different.'"

> A lot of participants don't necessarily come to these doors caring if they're bad partners, but they do not want to be thought of as bad fathers. So, that's a great in—a great angle for us is the impact on their children. - RF program staff

Focusing on the consequences of DV for children as a way to motivate fathers to address DV was a theme expressed by both RF program and partner organization staff, highlighting their shared goals. As one RF program staff member emphasized, "How are we a fatherhood program if we don't talk about the effects that [DV] has on children?"

There was limited discussion by program staff on co-parenting, or the relationship between two or more caretakers jointly raising a child. RF program and partner organization staff did not discuss whether and how RF programs incorporate education and messaging around healthier co-parenting in the context of using or surviving DV. This is notable considering the importance that both RF programs and their partners placed on bringing children into the conversations about DV. Given the priorities and programming of RF programs, we expect that healthy co-parenting education is provided in many ways. However, we do not know from this study whether and how it is incorporated into RF program's DV content.

> How are we a fatherhood program if we don't talk about the effects that [DV] has on children? - RF program staff

Mutual respect and appreciation facilitated the partnership between RF programs and partner organizations

RF program and partner organization staff identified mutual respect and appreciation for each other's work as a facilitator of a strong partnership between the organizations. Partner organization staff were from organizations that provided survivor services, BIPs, and programs that include both sets of services. In general, these partnerships involved organizations providing DV-related training to RF program staff, receiving referrals from fatherhood programs, and at times providing educational services (e.g., general education workshops and services for users of violence) to RF program participants. Staff of RF programs and partner organizations felt that mutual respect and

appreciation were especially important given the ideological tension that can exist between the responsible fatherhood field and the DV field. This tension is lessened when RF program and partner organization staff choose partners who appreciate their respective viewpoints and values and strive to sustain their partnership by championing and supporting each other.

One partner organization staff member described the tension that can arise between RF programs and partner organizations as reflecting a "batterer" versus "victim" mentality; it has likewise been described as an anti-men versus pro-victim mentality. Partner organization staff attributed this tension to a few factors held by some in the field: some partner organization staff members' longtime advocacy for and focus on the protection of women, a "reluctance" to support men, and lack of recognition that men can be survivors. One partner organization staff member also noted that race and power may contribute to the tension, because "the feminist movement is traditionally led by white women and fatherhood programs are led by black men." RF program and partner organization staff otherwise did not discuss power dynamics, race, and other factors contributing to structural inequality, although race and power dynamics were not explicitly probed in the protocols (see Appendix).

> If the people on the DV side are only interested in DV and gender-based violence and men's violence against women more specifically, you're not going to be good at this. If you're coming to the fatherhood field, like "fathers' rights lens and fatherhood at any cost," then you're not going to be good at this. We both have to be hiring folks and cultivating folks to meet in the middle. . . it's hard."- Partner organization staff

Partner organization staff noted that shifting the mindset among their staff takes time. For example, one partner organization staff member illustrated this point by saying, "It takes them [partner organization staff] a little longer, they grew up fighting so much for women that it's hard to turn around and recognize men can be victims too, and men have to be a part of the solution. It's not us against them, you know." Helping partner organization staff understand that fathers could have been exposed to violence as children (by being exposed to DV or experiencing abuse) creates empathy and willingness for initially resistant partner organization staff to work with men.

RF program staff are also aware of the tension between the fatherhood and DV fields, noting that they paid particularly close attention to the partners they chose. RF program staff often conducted checks with partner organizations to determine whether they were "father friendly" or valued fathers before partnering with them. Specifically, RF program staff were sensitive to ensuring that partner organizations did not shame men, but instead focused on efforts fathers made to address DV. Additionally, RF program staff were keenly aware of what would turn fathers away from the program; as one RF staff member noted, "If you kinda say the wrong thing, they're not gonna show up next week." Partner staff equally recognize that an approach that shames and attacks men, and assumes that all men use violence, will turn fathers away. One partner organization staff member observed:

> When. . . all our contact sounded like they were abusers, we were alienating the room. . . . Now that we come at them more respectfully and come at them as allies. . . we're creating a social space of men that are saying intimate partner violence isn't okay it has negative effects on my children. . . . I think the old approach where you come at them all as abusers you find yourself in a room where the whole room is dismissing the theory. So, I think coming at them as allies is more effective.

Partner organizations also understand that it is important not to portray themselves as "anti-men" or "anti-fathers." Moreover, they recognize the need to maintain and form partnerships and to "generate allies who are men who aren't violent, and maybe help them find the language to speak up when someone is."

In addition, staff from both partner organizations and RF programs emphasized that having a genuine understanding of each other's perspectives and a desire to support each other are crucial components of a strong partnership. An RF program staff member identified how their perspective shifted in a meeting with a partner organization staff member. The partner organization staff member understood the importance of the fatherhood perspective and noted,

> I had challenged [RF program staff member] around DV and his views and said, "Every day, three women are killed by their partner," and he appropriately leaned across—and this is someone I consider a friend—. . . and respectfully challenged me and said, "Last week, three people were killed right here on this block, and that's who we're trying to save." And that was a very sobering moment for me. . . . I think the fatherhood people have just as much right to say "People are dying."

A partner organization staff member also noted that it was important for RF program staff to understand the consequences of violence, saying, "I mean, I love it [addressing DV] being a grant requirement, but. . . you're not going to have a successful partnership if that's the only reason you're doing it. You genuinely believe that fathers are healthier when they're nonviolent with their partners."

RF program and partner organization staff noted that having a champion and leadership that understands the importance of both fatherhood and DV work is crucial to helping shift perspectives of other staff members and make the partnership work. A partner organization staff member said, "If the people on the DV side are only interested in DV and gender-based violence and men's violence against women more specifically, you're not going to be good at this. If you're coming to the fatherhood field like 'fathers' rights lens and fatherhood at any cost' then you're not going to be good at this. We both have to be hiring folks and cultivating folks to meet in the middle. . . it's hard."

RF programs valued the availability and openness of their partner organizations for communication and collaboration

RF program staff identified the availability of their partner organizations for communication and collaboration as a key indicator of the strength of their relationships. Communication, on average, was about once a month or quarterly in terms of standing meetings or formal communication, though some RF program and partner organizations typically communicated weekly regarding logistics. Regardless of the frequency of communication, RF program staff described the quality of their communication and availability of partner organization staff as integral to partnership strength. As an RF program staff member said:

> The partnership is going great. Like I said, we have a great working relationship with their staff, with their facilitators. We can pretty much pick up the phone or give them a call for whatever our needs are, and they'll be glad to assist us. . . . We're always willing to assist each other.

Similarly, a partner organization staff member noted, "They all have my cell. I consider it a success when they call me at 10 p.m. and tell me they have someone they want me to talk to. That's progress that we wouldn't have seen 10 to 15 years ago." RF program staff also recognized and appreciated their partner organizations' willingness to collaborate and troubleshoot RF programs' DV-related tools, including screenings, assessments, curricula, and referral processes. One partner organization staff member recounted this troubleshooting process:

> Initially, we had difficulties with the referral process, but we've worked out those kinks. We had to sit down and work through the referral process and give mutual feedback. . . finding ways to communicate that information better. . . now workers go online to complete a form or call someone directly about a. . . referral.

RF program staff and partner organization staff identified the availability for communication and collaboration as strengthening both of their organizations' ability to help prevent and address DV. RF program and partner organization staff identified specific ways that their collaboration increased their ability to help prevent and address DV. First, the collaboration helped them to increase the number of survivors and users of violence that they refer to one another's organizations, and better equipped them to treat participating fathers experiencing DV. RF program staff noted that workshops in which partner organizations come in to teach their participating fathers about DV are key to the collaboration since they helped to educate fathers about the resources available to them. Similarly, partner organization staff recognized the importance of the workshops that RF programs provide for their participating fathers. As one BIP partner organization staff member noted:

> We regularly have [RF program] staff come in every 10 weeks to educate our program participants about what [RF program] is about, what they are looking to do in the community, what incentives they are offering, what the programming is like, what your takeaway would be. And that helps to better make referrals.

Collaborations with partner organizations also allow RF programs to provide tailored help to participating fathers who use or survive DV. For example, an RF program staff member described a weekly troubleshooting session that their staff holds with one of their partner organizations, which help them determine next steps for individual fathers. Troubleshooting with partner organizations allow RF program staff to talk through problems and find creative solutions for identifying and finding treatment for those experiencing DV. RF program and partner organization staff also emphasized that it is important for them to collaborate their respective organizations are often serving the same community. One partner organization staff member described a celebration their organization collaborated on with an RF program staff and reflected on the collaboration's general impact:

> We just had a day with music and food. . . graduates of the abuse intervention program, graduates of the fatherhood program. . . we had men sharing their experience of what it was like to now be nonviolent and how that has changed their lives. And in the end, we had 150 men sign a pledge to nonviolence, to be role models in their community. Creating those kinds of things where our staff volunteer and their staff volunteers here—creating as much of that face-to-face time with the staff is essential. The fact that I can call the fatherhood program. . . we can do that on a first-name basis, and I know who is on the other end of the phone, and it's been really important cultivating that partnership and creating access in ways other than just the formal services.

Because both RF programs and partner organizations value effective communication and collaboration, they are able to present a united front against DV in the communities that they serve.

Trainings for RF program staff, by program organizations, on DV were perceived to be effective at increasing staff DV knowledge

RF program staff were receptive to trainings and found them effective for increasing their knowledge and understanding of DV, as well as their ability to make referrals. When asked whether the trainings influenced how RF program staff thought about DV and how they engaged fathers in related conversations, an RF program staff member answered, "Oh yes, definitely. . . . It certainly enhanced our knowledge and ability to recognize it." RF program staff particularly enjoyed, and benefited from, training activities that were interactive. For example, one RF program staff member described an activity called "In Your Shoes," intended to increase staff members' understanding of survivors' experiences:

> You had to traverse through five of our scenarios, and then you had to go to court, go back here, go to the shelter, and it was like you had to walk in their shoes and it really lets you know how much they're up against, sometimes.

By contrast, one partner organization staff member reported a challenge when training RF program staff. When training the staff, two RF program staff members recognized that they themselves might display some behaviors that, prior to the training, they did not realize were signs of DV. The RF program staff members became defensive, stating that the training information was not good, and that the partner organization staff member conducting the

training had attacked them. A more senior RF program staff member quickly intervened in support of the partner organization staff member who was conducting the training. Aside from the report of this incident, however, all other RF program staff's response to DV training was overwhelmingly positive.

When asked about trainings they provide to partner organizations, RF program staff spoke of attending staff meetings at the partner organizations to assess whether the staff and overall organizational culture was friendly toward fathers. They also spoke of presenting at these organizations to introduce the fatherhood program. However, an important gap highlighted by this feedback is that RF programs did not discuss providing formal training (i.e., on the importance of working with men) to partner organizations, especially DV agencies. Providing opportunities for such trainings can be important for strengthening partnerships and ensuring that the tone of DV education does not alienate fathers.

Both RF program staff and partner organization staff identified focusing on fathers as a critical strategy for addressing DV, noting that RF programs are uniquely suited to educate fathers and connect them with resources.

RF program and partner organization staff identified focusing on fathers as essential to addressing DV

Staff from RF programs and partner organizations both identified focusing on fathers as a critical strategy for preventing and addressing DV, noting that RF programs are uniquely suited to educate fathers and connect them with resources.

RF program staff identified addressing DV as a top priority in their programs and emphasized that it should be standard practice in the field. One person explained the importance of addressing DV this way:

> You cannot be a fatherhood program without some kind of protocol put in place to address the violence that comes with intimate relationships that has a man involved with a significant other, that has children, that has suffered for so long with the abuse that happens throughout our community. . . it will show up.

RF program staff identified the consequences of DV for members of the family and community as the underlying reasons for addressing DV, while their partner organization staff connected RF programs' work to the broader aim of ending violence. One partner organization staff member whose DV agency provides BIP services made this observation:

> We cannot, we will never meet our mission if we don't engage men, period. The vast majority of the men in the intervention program [BIP], 85 percent of them are fathers, engaging them as fathers is a really effective way to engage them as partners. . . these children are still going home to violent fathers. It doesn't matter what the school nurse or health teacher said, we can't skip a generation of men. We have to figure out how to engage them in a change process.

Though partner organization staff identified early prevention and working with youth as one of their primary aims, they also noted the impact they have witnessed of the work they do with fathers. Thus, there is a consensus that addressing DV is important and working with fathers is impactful and essential.

However, despite this consensus, RF program and partner organization staff make a sharp distinction between their organizations' roles. While RF programs identified addressing fathers' use of DV as their focus, partner organization staff identified prevention as a key part of their role and discussed the need to focus on youth, as this comment reflects:

> I think it is extremely important not to just work with the men who perpetrate violence, but more needs to be done in the area of prevention. As I stated, I believe this is a socialization problem. I think that if we worked more with helping both boys and girls, young men and women understand how to have healthy relationships, I think we would see a decrease in DV.

RF program and partner organization staff identified DV education and connecting fathers with resources for survivors and users of violence as two important ways that RF programs can address DV. No partner organization staff identified their role as providing services specifically for fathers or educating groups of fathers directly, even though they viewed focusing on fathers as important; this finding further highlights the importance of the role that RF programs play in supporting fathers.

RF program and partner organization staff identified RF programs' role as providing DV education and connecting fathers with DV resources. They defined DV education as defining the term "domestic violence," and helping fathers recognize its warning signs and understand its potential consequences. An RF program staff member described DV education this way:

> Typically, what happens is, you know, we have dads who have been in the cycle of violence their entire life. So, when they're a child, they—this is what they see, and they don't know differently. And so, our curriculum is about communication and how can you communicate nonviolently so it—there is a way to make them go together, but also since we can't be clinical, I wanted an expert to come and talk about that and that's what they do.

This universal DV education is meant to inform all fathers, regardless of whether or how they have experienced DV, since even those fathers who have not experienced DV can educate others or potentially benefit from that education in the future.

When discussing their unique DV work, RF program staff also reported that they had support from leadership and expressed evidence of staff buy-in for addressing DV among fathers. For RF program staff, support from leadership encompassed a range of activities and elements of their program's culture, from including DV services in the budget to encouraging staff members to openly discuss and learn about DV in the program. RF program staff members also thought their programs had large-scale staff buy-in for addressing DV, and noted that the emphasis on DV would continue if leadership changed. When speaking about participating fathers, an RF program staff member observed:

> They need this information out there and we need to be having these conversations with them. You may not always get through to everybody, and you may have, unfortunately, the people that sit and. . . make fun of somebody. . . but you have the people who sit and pay attention that you may have changed something in their life.

RF program staff also connected staff buy-in and the importance of leadership's support for DV to the critical importance of DV services to their overall programming.

Summary of findings for Objectives 1 and 2

RF programs serve thousands of men each year across the United States.[52] Participating fathers range in age, come from diverse socioeconomic and racial and ethnic backgrounds, and many face multiple challenges such as unemployment, prior incarceration, mental health problems or substance abuse disorders.[53] Each of these challenges is shaped by larger societal systems that perpetuate hierarchy and inequality. RF programs have a unique opportunity to provide education and services to prevent and address DV, given their contact with a population of men who may be at higher risk of using DV due to multiple factors including structural oppression, and their ability to establish trusting relationships with fathers over time.

Despite the promise of RF programming as a way of to provide DV education and referrals, little research exists to understand RF programs' approaches to preventing and addressing DV, including their challenges, successes, and promising practices. Using multiple data sources including review of existing information (e.g., grantee documents, fatherhood and DV curricula), interviews, and program observations, the PAIVED team identified several key findings that may help the field move forward to promote prevention and response to DV (perpetration and victimization) within RF programs.

Based both on fathers' subsequent disclosures and their responses to DV-related program activities, RF staff believed that many men in their programs had used or survived DV, though few men disclosed using or surviving DV during intake screenings. National surveys such as the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence survey suggest that 25 percent of women and 10 percent of men survive DV over the course of their lifetime, which represent higher rates than the estimated percentage (3 to 5%) of men disclosing DV perpetration or victimization at RF intake screenings.[54]

Although RF staff spoke of participating fathers as both users and survivors of violence, using violence seemed to be the more salient issue for participating fathers, and in fact, the DV-related curricula used in RF programs did not address men as survivors but only as users of violence. Given some men's experiences as survivors of violence, the lack of curricula that addresses men's prior trauma and their past or current victimization is an important omission, and it represents an area of the field requiring further development, both by adding this content to existing curricula and incorporating it into new curricula. RF program staff reported that surviving and using DV made the existing daily challenges that fathers faced more complex, and staff emphasized that comprehensive, integrated services are the best means of support for fathers. These observations are supported by the literature, which has established that risk factors frequently correlated with DV include economic disadvantage, mental health problems, and substance use.[55] Addressing DV perpetration and victimization can not only help promote healthy interactions and create nonviolent communities, but is also essential for helping men address other life challenges. For example, participants in the PAIVED study noted that surviving fathers may be reluctant to leave a violent relationship because they fear losing their housing; similarly, men may need mental health support or support with substance abuse problems to improve their relationships.

RF programs' efforts to identify DV or engage fathers in conversations about DV often were hindered for several key reasons; these include men's reluctance to disclose DV perpetration or victimization at intake, stigma, misperceptions of violence as normal, and fathers' not identifying as either uses or survivors even though they had those experiences. Indeed, our results suggest that RF programs have protocols for screening for DV perpetration and victimization, often at intake, but most staff felt that fathers were reluctant to disclose at this point. Effective identification and support requires building trusting relationships, using non-shaming language, educating men about normal relationships, and creating safe spaces to discuss violence in one's relationships. These trusting relationships often developed over time—rather than in the first interaction—with a case manager or other person who frequently interacted one-on-one with the father, and whom the father felt was in a position to offer help. As evidence of this, RF program staff reported that participating fathers were more likely to disclose experiences with DV perpetration or victimization once rapport and trust were built, even if those fathers initially denied DV at intake. As one RF program staff member stated, assessing for DV throughout programming, especially once participating fathers know and trust the program and staff, is a way programs may overcome the perceived barriers of current screening procedures. A second option is to provide universal education about DV perpetration and victimization and offer resources to all men, rather than asking for disclosure before providing DV education and resources.

With regard to stigma, a recent systematic review that synthesized the needs and lived experiences of racial and ethnic minority DV survivors found that women reported stigma as a key reason they were reluctant to share their experiences.[56] Women feared discrimination from friends and neighbors and reported being raised to believe that DV was a family issue. Men who have used or survived DV face similar, if not more, stigma and shame; these feelings reduce the likelihood that they will disclose DV or accept services. This review also highlights fathers' need for open conversations with a trusted staff member about the fathers' current and past romantic relationships—conversations that happen over time and in private spaces. The PAIVED findings further suggest that the language staff use in these open conversations can greatly affect fathers, since the words or tone used by staff may cause participating fathers to experience feelings of shame when they disclose using DV.

RF program and partner organization staff stated that fathers were initially reluctant to participate in RF programs in general, and to engage in the DV content specifically. However, by the end of the program, staff believed that most fathers were appreciative. The PAIVED team's program observations of curricula related to DV suggest that when these topics are introduced, facilitators create warm and safe spaces that lead to fathers' engagement with the

material; of note, RF curricula vary in terms of DV content, though RF programs often augment these curricula with material, such as DV-specific curricula, classes taught by partner organizations, or videos. With regard to supporting men who have used violence in their relationships and referring them to other programs, staff noted that they are more effective in eliciting behavior change when they allow fathers to self-define their next steps as opposed to being more directive with fathers. This finding is consistent with the well-documented effectiveness of motivational interviewing for changing health behaviors; behavior change is more likely when the motivation is intrinsic.[57] Specifically, motivational interviewing is designed to be non-shaming and non-confrontational; it supports individuals' exploration of barriers to behavior change and allows them to envision how their lives might be different if they enacted specific changes. Peer-reviewed studies support that motivational interviewing is an effective approach to changing many health behaviors, including engaging men in treatment for using DV.[58]

Interviewed RF program and partner organization staff identified another important motivating factor for fathers to address their use of DV: the consequences of DV for children. This is in line with recent research with fathers using DV, which finds that children are the strongest motivating factor for fathers to address violence in their homes.[59,60] However, findings from the PAIVED study move beyond identifying children as a motivation to suggesting that fathers may actually change, at least in terms of seeking help, once they understand the consequences of DV for their children. An example and promising practice from the study involves a comparison of two similar RF programs: both are large, urban, well-established programs with strong DV agency partners that provide BIP services. Their protocols and approaches to addressing DV are remarkably similar—from their screening procedures to having their DV partner provide education to their participating fathers. One notable difference, however, is in how much emphasis they place on children as a motivating factor for change throughout their programming. Within the program that strongly emphasizes DV's effects on children, RF program and partner organization staff reported observing clear changes in fathers' engagement in services and openness to programming when the child's perspective is emphasized. Importantly, this was also the only program interviewed for the PAIVED study that did not report problems eliciting DV disclosures, with a vast majority of participating fathers disclosing DV. However, these disclosures were typically made once a relationship with program staff was established and not necessarily at intake. The staff attributed their success in identifying DV to their focus on children as a way to motivate the fathers, although increased disclosure also could relate to higher baseline rates of DV in the men served by this RF program, or to this program's practice of creating opportunities to discuss DV at points after intake. The other RF program provided general DV education (e.g., defining it, discussing the consequences, connecting to resources available) via a partnering DV agency, and they did not explicitly talk about a child-centered approach to this education. Staff from this second program thought fathers responded well to the DV education, but also noted difficulty in eliciting disclosures throughout the course of programming.

Literature also suggests that many men value being good fathers, and that men who have experienced trauma in their families of origin often want their own children to have different experiences. Studies also document that men may not recognize how DV is perceived by children, or the consequences that it may have on them over time, and that men who have used DV express remorse for harm they cause and have a strong desire to make their children safe, protect them from violence, and be good fathers.[61,62,63] Although they are sometimes influenced by their conceptions of a father as a provider and disciplinarian, most men desire close, warm relationships with their children and state that they primarily want to stop their violent behaviors to set a better example for their children.[64,65,66] Only a small number of the RF program staff explicitly spoke about this topic; some programs, however, augmented their curricula by showing videos that demonstrated the consequences of DV for children.

While including discussions about the consequences of DV for children is a key promising practice that could have significant positive impact, it is important to note that showing videos or playing recordings of violent events (such as 911 calls) may bring up past trauma for fathers who were exposed to DV as children. With regard to RF programs supporting men as fathers, only one RF program offered child care. Going forward, fatherhood programs may also consider offering child care, as it can facilitate an inviting atmosphere and sends a message about programs' support of fathering responsibilities. Of note, few programs reported having protocols related to reporting child abuse. Given the common co-occurrence of DV and child maltreatment, best practices suggest the need to have such protocols in place.

Significant barriers existed for men needing BIP services beyond what RF programs were able to provide. Study participants discussed several problems with referrals to BIPs. First, RF program staff believed that the name of these programs, which includes the word "batterer" was stigmatizing, and fathers were embarrassed or did not identify with this label. Consequently, fathers often were reluctant to participate because attending a program for men who use violence often aroused feelings of profound shame. Some programs either referred men to anger management classes as an alternative, or called BIPs "anger management." Although it was clear that RF program staff knew that anger management programs and BIPs were different, it was unclear whether the staff thought that these types of programs are interchangeable and equally appropriate services for users of violence. While anger management classes may be less stigmatizing, they are not considered to be an appropriate substitute for BIP services.[67] A second problem that RF staff voiced about referrals to BIPs is that the programs' costs were prohibitive for many fathers and added logistical issues to their often busy lives. Moreover, although RF programs openly discussed the prevalence of fathers' prior trauma histories and how past trauma contributes to fathers' current use of violence, few BIP-related curricula or BIP facilitators supported fathers' processing of these events, and some programmatic activities, such as watching videos of children's reactions to DV, may themselves re-traumatize fathers who have experienced violence in any number of ways. This gap is significant and may limit the ability of RF or referral programs to support men to make positive changes in their behaviors. Just as integrating behavioral health services into primary care visits reduces barriers and enhances patients' engagement in treatment, offering free, accessible services *within RF programs* (in partnership with BIPs) to men who use violence may be an important next step in effectively addressing DV. Two RF programs that participated in PAIVED offered BIP-type services within the RF program, and this model is a promising practice for increasing the accessibility of intervention services for fathers who have used violence.

RF programs and partner organizations described powerful alliances to support men. Successful partnerships were built on mutual respect and a shared vision of educating and supporting men as key to reducing DV. Partner organizations often provided trainings and educational DV content to RF programs, and some RF programs provided similar education to the partner organizations. Relationships facilitated "warm handoffs" and discussions about how to best support individual men. Both fields acknowledged that the tensions related to their respective origins and prior histories can at times make them feel at odds with each other, but also agreed that open communication allowed their programs to better align.

Objective 3: Identify promising practices in addressing and preventing IPV/DV

The above described data collection for Objectives 1 and 2 led to identification of several promising practices and areas for growth. Promising practices were identified as practices that have measurable results and reported successful outcomes, but for which there is not enough evaluation research to prove efficacy. These practices were also the most actionable strategies we heard about and were those that appear most relevant for a broad set of fatherhood programs. Practical recommendations for programs that extend beyond what these particular data encompass will be forthcoming in a toolkit that builds from this report's findings. The toolkit will provide specific recommendations for how RF programs and DV partner organizations can integrate select lessons learned and promising practices into their services for fathers.

Key findings

Our findings, both about needs and challenges and about opportunities and successes, provide rich information about promising practices. Promising practices emerged around engaging fathers in DV prevention and response, identifying fathers as survivors and users of violence, partnerships, and RF program staff roles. We conclude this section with a discussion of areas for growth.

Engaging fathers in DV prevention and response

- Target fathers, not just mothers, in efforts to help prevent and address violence in the family or between romantic partners (e.g., through education, direct services) to maximize the success of these efforts. RF programs are uniquely positioned to effectively engage fathers in this work.
- Create safe and private spaces for discussion about sensitive topics like DV with trusting staff members who use non-shaming language, including one-on-one meetings such as case management.
- Offer free child care to fathers during RF program activities.
- Use trauma-informed approaches when providing education or services for users of violence. Examples of available resources to help fatherhood programs understand trauma-informed approaches include:
    - National Responsible Fatherhood Clearinghouse resources for understanding trauma-informed programming
    - An OPRE report on creating trauma-informed care for formerly incarcerated fathers, which presents approaches applicable across fatherhood programs, not just those working with fathers with incarceration histories
- Engage fathers who use DV in motivational interviewing or motivational interviewing-like approaches to promote behavior change.
- Provide universal education to all fathers in RF programs about the consequences of DV for children and healthier co-parenting strategies.

Identifying survivors and users of violence

- Assess DV formally and informally using non-labeling language at multiple time points over the course of the RF program instead of in one-time screenings. It is particularly important to conduct ongoing assessment at time points in the programming when participating fathers have had the opportunity to build rapport with staff.
- Establish and regularly update protocols, including safety protocols, on how to respond to DV perpetration and victimization in collaboration with local DV agencies or other appropriate partners.

- During education and other services, use non-stigmatizing language to describe violence in relationships (e.g., avoiding "batterer," "victim," "perpetrator," and instead using terms like "people who use violence," "users (of violence)" or "survivors of violence"). Program staff may find that by using language focused on what a person has experienced and how that can affect them, rather than labeling someone as a survivor or user of violence, they can help more easily build rapport with participants.

Partnerships

- Establish partnerships with DV agencies and BIPs built on a shared vision, mutual respect and open communication, as these partnerships allow for shared trainings and support around cases of DV.
- Create or enhance free or low-cost, accessible services for men who use violence, potentially delivered within the RF programs and in partnership with BIPs to minimize barriers. These BIP activities and staff need to be included in RF program budgets.

RF program staff roles

- Train RF program staff on the differences between BIPs and anger management programs, as well as the differences between BIPs and DV survivor services, so that men who have used DV are appropriately referred to BIPs.
- Connect fathers with DV services for users and survivors. Services for users and survivors of violence are underutilized, and RF programs can help fathers become aware of these services. For example, there are national and state organizations that offer free information and referrals for survivors of DV and people who use violence:
    - National DV hotline: https://www.thehotline.org/help/for-abusive-partners/
    - List of state and territory coalitions: https://nnedv.org/content/state-u-s-territory-coalitions/

Along these lines, both RF program and partner organization staff see RF programs as having a primary role in providing DV education to fathers around perpetration and victimization, delivered either by partner organization staff or trained and qualified RF program staff. The programs participating in the PAIVED study did this in close collaboration with their DV partners, and it is important to note that staff believed this model is highly effective in reaching more fathers and keeping them engaged. This suggests that the best approach to minimize barriers is to expand services by partnering with experts within RF program locations.

Areas for growth

Of note, issues related to structural oppression and implicit bias were raised by the PAIVED stakeholders and expert advisory groups, but rarely came up in program interviews. However, several common themes allude to structural oppression—the societal systems that perpetuate hierarchies and inequalities based on race, ethnicity, class, or other personal characteristics—that fathers participating in RF programs may face. For example, many staff spoke about fathers' need for integrative services, suggesting that the fathers' life experiences and opportunities (e.g., growing up in a dangerous neighborhood, being exposed to DV as a child, not graduating high school or attending a poor-quality high school, being under- or unemployed, abusing drugs or alcohol) are shaped by factors beyond their control. Staff's discussion of normalized violence also alludes to structural oppression that can normalize community-wide violence, including DV. This issue may not have been surfaced explicitly for a variety of reasons; however, considerations about how to prevent and address DV are most likely to be effective when the greater contexts of structural oppression and experiences with racism are openly discussed. Issues of race, discrimination, and oppression and how they contribute to DV may be addressed in RF programs, although the findings from this study cannot speak to whether they are. Regardless, our findings as a whole suggest there is a need to acknowledge and explicitly address the role of structural oppression and what it means for fathers in programming or case management services.

An additional area for growth within the field is to consider how to better support men as they process their own prior traumatic experiences, and to provide accessible, free, trauma-informed services for men who use violence. To support these efforts, standardized curricula are needed, which can either be newly developed or made by adapting or supplementing existing curricula. RF programs and their staff need to ensure that the curricula and general program activities they provide are trauma-informed, and that staff are available both in terms of time and willingness to help fathers process past and relived trauma. Moreover, RF program staff themselves may have adverse reactions to curricula and general program lessons if they have experienced past trauma, or if—as mentioned in RF program staff interviews—the content of lessons make them realize they have used violence in the past. In both cases, using trauma-informed curricula and approaches can reduce the potential for retraumatizing staff and help to them work through other issues that arise as they learn more about DV and prepare to address it in programming. RF program staff recognize the importance of preventing and addressing DV; these promising practices offer the opportunity to strengthen existing services to support fathers who have experienced violence, either as users or survivors.

Appendix

Detailed methodology

We used the following procedures to address the project objectives: (1) a review and synthesis of RF grantee documents; (2) a literature review of fatherhood, DV, and other relevant curricula that RF grantees use or could use, combined with discussions with a subset of curriculum developers; and, (3) data collection using interviews and program observations with RF program and partner organization staff. Table 3 provides a summary of these procedures. The PAIVED team sought input from stakeholders and experts in the initial stages of the PAIVED project and in the development of the data collection materials. Stakeholders included staff from fatherhood programs (federally and non-federally funded), DV organizations, and the government.

Table 3. Data Sources

Source	Data Sources and Gathering
RF grantee documents	• Documents included grantees' original applications, quarterly and annual performance progress reports, and program resources (e.g., websites). • PAIVED team reviewed and synthesized information drawn from these data sources, and abstracted information including the demographics of fathers, curricula used, partnerships, and protocols for DV screening and response.
Curricula	• Review included Fatherhood, DV, Healthy Relationship curricula used by RF grantees (i.e., found in the grantee applications, progress reports) and additional curricula found through ACF's Strengthening Families Curriculum Resource Guide and other online sources that RF programs could use to address DV. • PAIVED team reviewed each curriculum for information such as the DV-related content and whether the curriculum had been adapted for different populations. The team supplemented this review with phone calls with select curriculum developers to gather more information about critical pieces of the curricula to include in DV lessons with father audiences.
Phone and in-person interviews with RF programs and partner organizations	• Semi-structured interview protocols were used to guide 90-minute, in-person or telephone interviews with RF program and partner organization staff. • PAIVED team transcribed all interviews and analyzed them in Dedoose, a qualitative software, for common themes.
Program observations	• Observation guides were used to document program setting, delivery, and content.

Review of RF grantee documents

We examined grantee documents including annual Performance Progress Reports (PPRs), Quarterly Progress Reports (QPRs), and grantees' original applications (GAs), as well as website and other published information from RF programs, to gather information about the landscape of DV-related services (see Table 3). The team documented the following information about RF programs funded in 2015:

- Location of program
- Target populations
- Participant demographics
- Evidence that the RF program was aware of community needs
- Staff turnover
- Curriculum(a) used
- Available DV-related documents
- DV partners
- Role of partners
- Cross training between RF program and partners
- Approaches to staff training
- DV screening procedures
- Protocol for responding to reports of DV
- Protocol for follow-up after a referral is made
- General and DV-related challenges

Review of fatherhood, DV, and other relevant curricula

A PAIVED team member searched the grantee documents to document all curricula related to fatherhood, DV, or other relevant topics that RF grantees used. In addition to conducting a scan of the grantee materials, the team also reached out to experts and stakeholders to query about relevant curricula that they or other programs could use. Lastly, a team member did a thorough review of the Strengthening Families Curriculum Resource Guide website[68] to identify additional relevant curricula. To keep this scan targeted, the HMRF website search focused on curricula less than 15 years old that included parenting, fatherhood, or DV as a substantive theme.

After compiling a comprehensive curricula list, the team documented the following:

- Name of the curriculum
- Whether the curriculum was a DV, fatherhood, or another curriculum
- Goals of the curriculum
- Number of current RF programs using the curriculum
- Whether publications on the evaluation of the curriculum are available
- Findings from any curriculum evaluations
- Intended population of the curriculum
- Length of overall curriculum (number of sessions and hours)
- Whether the curriculum has been adapted for other populations

- Whether the curriculum addresses DV or anger management
- Number and length of sessions that address DV or has DV content
- Whether the curriculum requires training for facilitators
- How programs obtain the curriculum
- Curriculum developer(s) name(s) and contact information

The first several curricula were scanned by a team member and then by a senior researcher to ensure the validity of the type of information compiled. Senior team members provided ongoing feedback on the categories and information included in the spreadsheet and revisions were made as needed. See Table 4 for more details on the curricula reviewed.

The PAIVED team followed up with five curriculum developers via telephone to supplement the information collected from the curricula review. The team selected a mix of fatherhood curricula and other curricula targeted for men (e.g., DV-focused curriculum) to determine what developers view as the most critical pieces of information to include in DV lessons for various RF populations.

Identifying RF program and partner organization staff for study

To prioritize RF programs for potential participation in interviews or program visits, the PAIVED team collected screening data from a subset of the 2015 cohort of RF programs and their partner organizations. These programs may not be fully representative of the full 2015-2020 OFA-funded RF grantee cohort. Based on a review of RF grantee documents, the team developed criteria to select RF programs for further screening. Specifically, the team considered whether the fatherhood program 1) served diverse priority populations (e.g., incarcerated fathers), 2) reported explicit plans for assessing DV, 3) reported varied responses to DV, and/or 4) reported challenges in addressing DV. Once programs meeting these criteria were identified, the PAIVED team selected programs to screen from locations across the United States, with service provision in both rural and urban areas. We also prioritized programs that used innovative curricula consisting of both fatherhood and DV components.

The team identified 12 RF programs that met at least two of the four selection criteria based on their PPRs, QPRs, and GAs. The team then consulted with OPRE and OFA to identify an additional seven RF programs with unique populations and/or service delivery approaches, diverse responses to DV, or challenges, resulting in a total of 19 potential RF programs to screen for study inclusion. Of note, all programs that were selected for screening were federal RF programs.

The PAIVED team screened 14 RF programs and five of their partner organizations in October and November 2018. Four additional RF programs were approached for screening, but two were unresponsive to the team's emails and phone calls, and two declined participation. One RF program approached for participation did not participate in a screening interview.

The screening interviews were conducted by telephone by a member of the PAIVED team using IRB-approved procedures including verbal informed consent. Screening interviews generally lasted between 30 and 60 minutes. After all screening telephone calls were completed, the PAIVED team, with input from ACF, selected a final sample of eight RF programs (16 staff were interviewed; 7 program sessions were observed) and nine partner organizations (11 staff were interviewed) to participate in the study (Table 2). The criteria used to select the programs included in the study paralleled the criteria used to select programs for screening (Table 1). Additionally, programs selected for PAIVED participation represented rural and urban areas, with seven RF programs operating in urban settings and one operating in a rural setting.

Interviews with RF program and partner organization staff

The methodology used for participation in telephone and in-person interviews was similar: RF programs identified at least one director and one facilitator to participate in 90-minute interviews and identified at least one community partner (often a DV provider) whose staff were also approached to participate in 90-minute interviews using semi-structured interview guides.

All participants were consented using IRB-approved consent procedures prior to being interviewed. Interviews took place between November 2018 and January 2019. All interviewers and note takers were trained by a qualitative research expert on interviewing and consent processes. Interviews were recorded, and verbatim notes were taken to create a transcript of the interviews. The team met periodically to debrief and adjust protocols and procedures as necessary.

All interviews were subsequently transcribed, reviewed for completeness, and de-identified before being entered into Dedoose qualitative software. Interview transcripts were coded and analyzed for emerging themes by four trained qualitative study team members through an iterative process of co-developing a codebook based on the protocol questions, coding transcripts independently, reconciling differences through discussion, and developing themes.

Program observations

For RF programs whose staff participated in in-person interviews, the PAIVED team observed one to two program sessions that provided content specifically related to DV (as opposed to a session, for example, more focused on a topic like job training that would not likely touch on DV). Seven classes across five RF programs were observed by the PAIVED team in November and December 2018. Observations ranged from one to two hours, with an average observation length of 1.5 hours. All staff doing program observations were trained by a qualitative research expert on observation and note-taking processes. A standardized form was used to guide these observations and notes (see Table 5 for the form's summary table).

Tables 4-7. Supplemental information

Table 4. Fatherhood and DV Curricula

Curriculum Name	Number of Sessions	Outcomes Data	DV Content
24/7 Dads	12 two-hour modules	• Significant changes in fathering practices • Significant changes in attitudes and knowledge • Increased confidence in parenting abilities and knowledge related to parenting	3 two-hour sessions: Emphasizes handling anger in healthy ways that can serve as positive examples for children. The sex, love, and relationships module covers what it means to have a healthy adult relationship, how relationships may affect children, and ways to improve sexual self-worth and adult relationships. The last module on power and control walks fathers through positive ways they can use power and control with both their partner and children. Each module includes discussion and activities.
Inside Out Dad	12 two-hour sessions and 4 optional two-hour sessions focused on re-entry	• Significant changes in fathering confidence, knowledge, attitudes, and phone contact with children	2 two-hour sessions: Expressing Emotions focuses on handling anger and stress in healthy ways. The session on relationships focuses on traits of healthy adult relationships, ways to improve relationships, and the effects of healthy parental relationships on children. Each module includes discussion and activities.
Nurturing Fathers	13 2.5-hour classes	• Improvements in fathers' reported understanding of the developmental capabilities of children, ability to demonstrate empathy toward the needs of children, use of alternate strategies to corporal punishment, understanding and acceptance of the needs of self and children, and value placed on children feeling empowered	Up to 4 sessions: Topics covered include Managing Anger/Resolving Conflict, Teamwork with Spouse/Partner, Communications and Problem Solving, Dealing with Feelings.
On My Shoulders	14 90-minute classes	• Not studied	Unclear from review

Curriculum Name	Number of Sessions	Outcomes Data	DV Content
TYRO Dads	10 two-hour sessions	• Improvements in parenting satisfaction, parenting efficacy, co-parenting relationship with the child's mother; however, this was dosage-dependent with a minimum of 8 sessions required for fathers to show improvements	Unclear from review
Doctor Dad	4 two-hour session	• Sample sizes too small to test	None
The Responsible Fatherhood Curriculum	20 two-hour sessions	• Not studied	1 session (two hours): The session focuses on how to resolve conflicts without violence; violence in relationships as an unacceptable way to express anger; recognizing stress or anger and learning various strategies to resolve conflicts without violence; and examining men's past history with violence, such as contact with police.
Within Our Reach/Within My Reach	15 55-minute sessions	• Increases in knowledge, communication/conflict resolution skills, and relationship quality • There was also a trend toward a reduction of relationship violence	7 sessions: The curriculum focuses on identifying and reducing personal risk factors for violent behavior (e.g., substance use, depression); helping attendees identify problem behaviors and risk factors in current and potential future partners; aiding them in leaving violent relationships safely; and teaching skills that improve interactions between partners, such as how to recognize escalation, use time-outs, and employ good communication and problem-solving skills. In addition, the curriculum helps attendees to consider the negative effects of relationship aggression/violence for children.

Curriculum Name	Number of Sessions	Outcomes Data	DV Content
Love Notes	13 one-hour sessions	• Reduces the likelihood that participating youth have ever had sex, have had sex in the last 3 months, have had sex without a condom in the last 3 months, have had sex without birth control, or became pregnant	All sessions focus on healthy relationships and two focus on DV. There is a session on "Dangerous Love" and warning signs/red flags for relationship violence. The curriculum also discusses violence – why it happens, what helps, signs of danger, impact on children, and sexual assault.
Strong Fathers	20 2.5-hour sessions	• Lower risk of being reported to Child Protective Services • Less need for CPS services • Lower likelihood of domestic violence as a contributory factor to substantiated findings of child maltreatment	All sessions: The curriculum focuses on fathers' childhood experiences, DV and its impact on child development, non-coercive parenting skills, stress management, and how to talk about violence.
Together We Can	24 one-hour lessons	• Increased levels of trust between couples and satisfaction with the relationship • Improved decision making and problem solving • Decreased relationship aggression • Improved understanding of the correlations between parenting and the couple relationship	2 modules (6 lessons): These modules focus on identifying signs of stress and management strategies, defining conflict in co-parenting relationships, raising awareness of unhealthy relationship patterns and communication, characteristics of a healthy marriage, impact of an unhealthy marriage on children, assessing quality of relationship, and domestic violence.
Addressing Fatherhood with Men who Batter	Not clear	• None	All sessions: The curriculum focuses on examining men's childhood experiences with their father; the impact of men's battering on children; becoming a more nurturing, child-centered father; and examining how men can be respectful, non-abusive and more supportive of their children's mother and of the mother-child relationship.

Curriculum Name	Number of Sessions	Outcomes Data	DV Content
Caring Dads	17 two-hour sessions	• Improvements in fathers' over-reactivity to children's misbehavior • Improved respect for partner's commitment and judgment • Fathers and partners reported fewer incidents of domestic abuse • Reductions in parenting stress and in level of hostility, indifference, and rejection as reported by fathers	All sessions: The curriculum focuses on the impacts of abusive and neglectful fathering behaviors on children, child development and trauma, respectful co-parenting, setting reasonable relationship expectations, and contact with the mother.
Positive Parenting Program (Triple P)	Varies	• Improvements in mothers' parenting practices • Smaller improvements in fathers' parenting practices	It is unclear how many sessions focus on DV, but the curriculum touches on "high-risk" situations.
Family Wellness: Survival Skills for Healthy Families	2 eight-hour sessions	• The educational workshop promotes healthier functioning among all family members • Participants reported improved communication skills, less drug use, family was "closer" and was better at solving problems	All sessions: The curriculum is designed to prevent and address drug and alcohol abuse, child abuse, and domestic violence. It provides education on effective DV prevention, stopping problems before they start, anger management, and role play in DV scenarios.
Loving Couples, Loving Children	Not clear	• The evaluation literature does not differentiate the effects of this curriculum from others also used in the Building Strong Families evaluation	None
Love's Cradle	Not clear	• The evaluation literature does not differentiate the effects of this curriculum from others also used in the Building Strong Families evaluation	None
Becoming Parents for Low-Income, Low-Literacy Couples	Not clear	• The evaluation literature does not differentiate the effects of this curriculum from others also used in the Building Strong Families evaluation	None

Table 5. Data Collection Tool: Protocol Questions

Protocol Item	RF Program Staff	Partner Organization Staff
Background of Interviewee and General Fatherhood Program/Partner Organization Information		
Please tell me about yourself and your experience working with fathers.	✔	
Please tell me about your experience in this field.		✔
Can you briefly tell me what brought you to your current position?	✔	✔
How long have you been in this position?	✔	✔
Tell me more about your specific position and role in the organization.		✔
Can you describe this/these program(s) and the key activities of the fatherhood program(s)?	✔	
Can you tell me more about the mission of the organization?		✔
I'd like to hear more about the population of fathers you work with as part of the fatherhood program. What would you say are some defining characteristics about this population?	✔	
Who does your organization primarily serve?		✔
Additional probes: How did you decide to focus on these populations?	✔	
What kinds of activities does your organization do for this (these) population(s)?		✔
[If mixed sex] What do you do uniquely or differently for men/for women, if anything?		✔
[If working with parents] What do you do uniquely or differently for parents, if anything?		✔
What language do you use when referring to violence in intimate relationships?		✔
Partnership with Fatherhood Program		

Protocol Item	RF Program Staff	Partner Organization Staff
Please describe the partnership you have with the fatherhood program.		✔
Additional probes: How did this partnership begin?		✔
Please tell me about any formal agreement that is in place, if any, for this partnership.		✔
How long has the partnership been in place?		✔
How frequently do you communicate with the fatherhood program?		✔
Do you have standing meetings?		✔
What works well about this partnership?		✔
Any success stories you would like to share?		✔
What are some challenges of this partnership, if any?		✔
Are you currently partnering with any other fatherhood programs?		✔
How if at all has your program changed in terms of how you think about addressing IPV with fathers due to this/these partnership(s)?		✔
Relevance of IPV in Fatherhood Programs/Relevance of Addressing IPV with Fathers		
What would you say are the biggest issues or needs that you think the fathers you work with have that you haven't mentioned already?	✔	
How much of a challenge is IPV for the fathers/fathers you work with?	✔	✔
[If a challenge] Describe what you see or hear about when it comes to IPV and the fathers you work with.	✔	
[If not a challenge] Tell me more about your thoughts on that.	✔	
Additional probes: Describe what you see or hear about when it comes to the men and fathers you work with.		✔

Protocol Item	RF Program Staff	Partner Organization Staff
How common/prevalent is IPV among the fathers you work with?	✔	
What experiences or information helped you to answer this question?	✔	✔
What do you think the connection is, if any, between IPV and the ability of fathers to engage with their children in positive ways?	✔	✔
In the context of violence within the family, when is it appropriate for a father to be involved with their children and when is it not?	✔	✔
What are one or two of the biggest challenges that you think may cause or are related to IPV among the fathers that you serve?	✔	
What are one or two of the biggest challenges you think may cause or be related to IPV among fathers?		✔
How important or relevant do you personally think it is to work with men and fathers specifically to address IPV?		✔
How important or relevant does your partner think it is to work with men and fathers specifically to address IPV?		✔
Additional probes: Specifically, what level of support is there at the organizational level for addressing IPV with men and fathers?		✔
If leadership changed would this support go away or be harder to maintain?		✔
What level of support is there at the organizational level for working with men and fathers, in general?		✔
What barriers are there, either externally or at the organizational level, to working with fathers specifically to address IPV?		✔
What kinds of things is your organization doing through this partnership, if any, to address fathers' *initiation or perpetration of* IPV?		✔
Additional probes: How much time do you spend on these activities?		✔
[If working directly with fathers] About how many fathers do you work with each year through your partnership?		✔

Protocol Item	RF Program Staff	Partner Organization Staff
How are these activities going?		✔
Additional probes: Tell me about any successes in doing these activities.		✔
Tell me about some challenges or difficulties in doing these activities, if any.		✔
What do you think might help address some of these challenges?		✔
[If working directly with fathers] How do fathers respond to these activities?		✔
What strategies, if any, have worked to engage fathers in these activities?		✔
What kind of things is your program doing in its partnership, if any, to address fathers' experiences *as a survivor or victim of IPV?*		✔
How are these activities going?		✔
Additional probes: Tell me about any successes in doing these activities.		✔
Tell me about some challenges or difficulties in doing these activities, if any.		✔
What do you think might help address some of these challenges?		✔
[If working directly with fathers] How do fathers respond to these activities?		✔
What strategies, if any, have worked to engage fathers in these activities?		✔
Going back to some of the other conditions/challenges you mentioned. Is your program doing anything to address any of these things?		✔
Additional probes: If yes, what are they doing?		✔
If no, is there any plans or interest to address those things?		✔
IPV Prevention in Fatherhood Programs		
How, if at all, do you raise the topic of IPV in your program(s)? Specifically, in your fatherhood program?	✔	

Protocol Item	RF Program Staff	Partner Organization Staff
Additional probes: Do you talk to your fathers about how IPV could affect their children?	✔	
How it influences their current or future relationships with partners or the mother(s) of their children?	✔	
How it relates to the other behaviors/experiences/challenges we just discussed?	✔	
Do you address IPV through other programs provided by your organization?	✔	
Can you tell me more about those programs provided by your organization?	✔	
[If no] Are there specific reasons why this topic is not raised?	✔	
How do you address IPV if/when fathers bring it up?	✔	
What kind of specific activities are you doing as part of your fatherhood program, if any, to address fathers' *initiation or perpetration of* IPV? Please include any activities that any partner organizations may be doing.	✔	
Additional probes: Are there any specific protocols in place?	✔	
[If yes] How were these developed?	✔	
[If yes] Can you tell me more about the procedures you have in place to respond to disclosures of IPV?	✔	
Screenings and assessments?	✔	
[If yes] What types of screenings and assessments?	✔	
[If yes] How is the information collected in the screenings and assessments used, if at all?	✔	
Staff trainings?	✔	
Specific curricula/program activities?	✔	
[If yes] What curriculum? What types of activities?	✔	

Protocol Item	RF Program Staff	Partner Organization Staff
[*If yes]* Where are services provided – at partner organization or onsite at fatherhood program location?	✔	
Cross-agency referrals?	✔	
[If yes] What types of organizations? For example, domestic violence programs? Battering intervention programs?	✔	
Do you participate in any cross-trainings with these organizations?	✔	
Are these cross-trainings or other cross-agency collaborations ongoing?	✔	
Safety practices to protect potential victims?	✔	
When the activity occurs, how often, and how much time is devoted to specific activities?	✔	
Can you provide any other background on how these activities evolved (for example, were they recommended by a Domestic Violence partner, by the grantee's Family Program Specialist at OFA, by another partner organization, etc.)?	✔	
Can you share any written materials and resources used by the program to address IPV?	✔	
[If doing activities] How are these activities going?	✔	
How do fathers respond to these activities?	✔	
Additional probes: Tell me about any successes in doing these activities.	✔	
Tell me about some challenges or difficulties in doing these activities, if any.	✔	
What do you think might help address some of these challenges?	✔	
What strategies, if any, have worked to engage fathers in these activities?	✔	
What kind of things are you doing as part of your fatherhood program, if any, to address fathers' experiences as a *survivor or victim of* IPV?	✔	
[If doing activities] How are these activities going?	✔	

Protocol Item	RF Program Staff	Partner Organization Staff
How do fathers respond to these activities?	✔	
Additional probes: Tell me about any successes in doing these activities.	✔	
Tell me about some challenges or difficulties in doing these activities, if any.	✔	
What do you think might help address some of these challenges?	✔	
What strategies, if any, have worked to engage fathers in these activities?	✔	
Going back to some of the other conditions/challenges you mentioned. Is your organization doing anything to address any of these things?	✔	
[If yes] What are you doing?	✔	
Additional probes: Are these activities part of your fatherhood program?	✔	
[If no] Any plans or interest to address those things?	✔	
Are there any partnerships in place between your organization and other agencies addressing IPV? (formal or informal)	✔	
[If yes] Please describe each partnership.	✔	
Additional probes: What type of organizations or agencies do you partner with?	✔	
How did this/these partnership(s) begin?	✔	
How long has each partnership been in place?	✔	
On average, how much time do you spend working with each partner?	✔	
How frequently do you communicate with the partner(s)?	✔	
On average, about how many fathers who participate in your program are served each year by this/these partner organization(s)?	✔	
How do you help fathers navigate these organizations/agencies when there is violence?	✔	

Protocol Item	RF Program Staff	Partner Organization Staff
What activities/services do these partner organizations lead?	✔	
[If yes] What works well about this/these partnership(s)?	✔	
Any success stories you would like to share?	✔	
[If yes] How if at all has your program changed in terms of how you think about addressing IPV due to this/these partnership(s)?	✔	
[If yes] What are some challenges of this/these partnership(s), if any?	✔	
[If yes] What are some lessons learned?	✔	
[If yes] Are these partnerships formally supported with funding from your OFA Responsible Fatherhood grant? Are these partnerships [also] supported by non-OFA funds?	✔	
[If no] Any plans to create partnerships?	✔	
Organizational Support and Culture for Addressing and Preventing IPV		
To what degree do you see assessing for and addressing IPV as part of the job or priorities of an organization that works with fathers?	✔	
[If don't feel like they should be doing anything] Please tell me more about that.	✔	
What level of support has your organization received for services related to addressing IPV?	✔	
Additional probes: If leadership changed, would this support go away or be harder to maintain?	✔	
Moving Forward		
Are there other barriers you'd like to discuss that your organization faces around addressing IPV?	✔	
In an ideal world, what other kinds of support/services/activities do you think programs like yours should be doing to address fathers' experiences with IPV, either as an initiator of violence or a survivor?	✔	

Protocol Item	RF Program Staff	Partner Organization Staff
[If there are things they should be doing] Tell me about any barriers you might foresee in providing these services?	✔	
What do you think the role is for fatherhood programs, if any, to address fathers' experiences with IPV, either as a perpetrator/initiator of violence or a survivor?		✔
[If don't feel like they should be doing anything] Please tell me more about that.	✔	✔
What would an ideal partnership between your organization and fatherhood programs look like to you?		✔

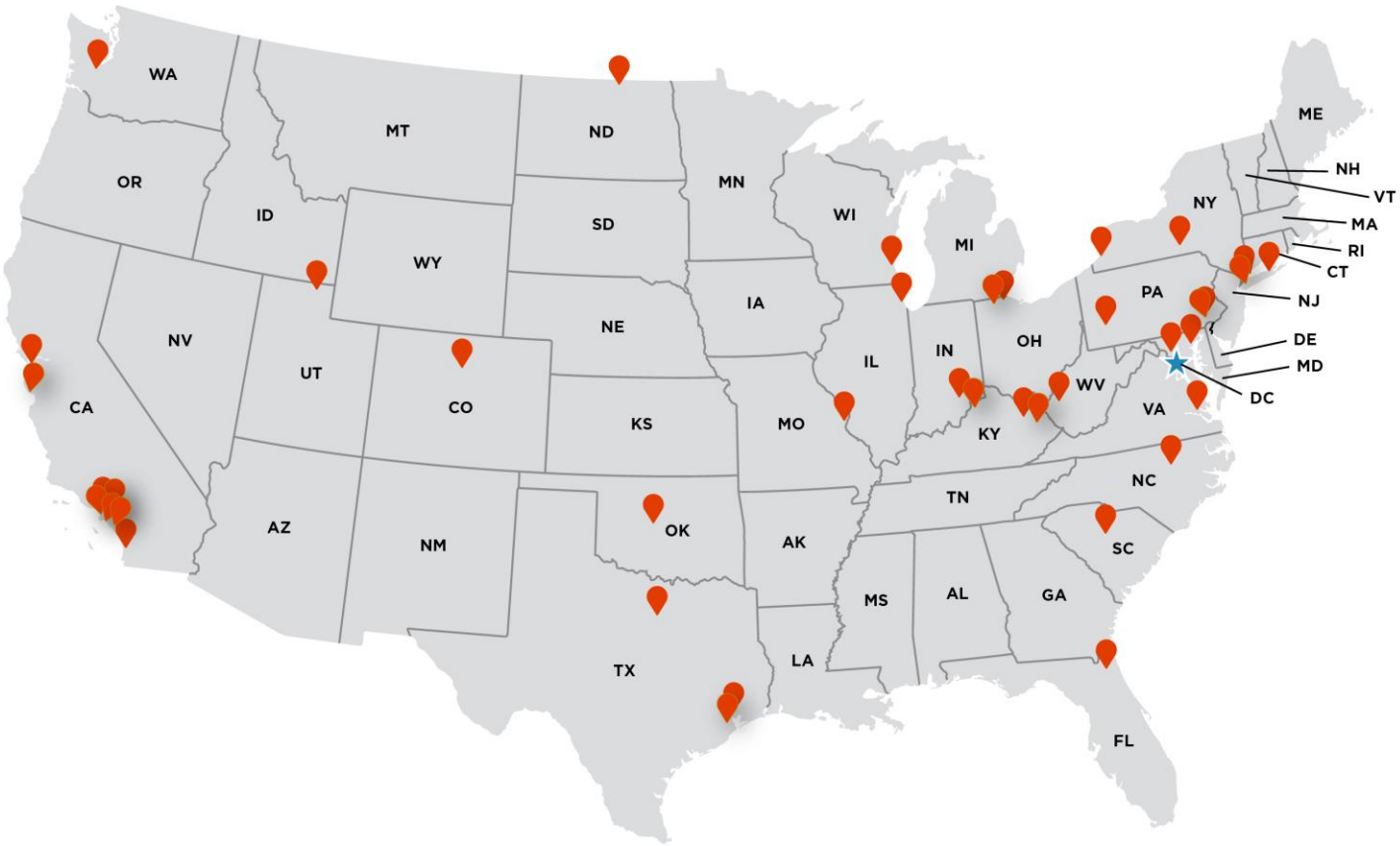
Table 6. Data Collection Tool: Basic Class/Training Information

Organization		**Name of class/training**	
Program		**Type of class/training**	
Location		**Number and type of program staff (if applicable)**	
Date/time		**Number of participants/staff being trained**	
Observer		**Description of participants/staff being trained**	

Table 7. Data Collection Tool: Class/Training Setting, Delivery, and Content

Summary of setting	
Summary of delivery	
Summary of content	

Figure 1. Map of federally funded Responsible Fatherhood programs



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