

Full Report: Responsible Fatherhood Groups and Domestic Violence Education: An Exploratory Study of Current Practices, Barriers, and Opportunities



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Executive Summary

Domestic violence (DV), or intimate partner violence, is a pervasive social problem that disproportionality affects low-income communities and communities of color. Responsible Fatherhood Groups (RFGs), which are evidence-informed interventions that foster positive parenting and other life skills, were developed to serve the very fathers who comprise these communities. Although there is increasing recognition that the unique features of RFGs make them a potentially powerful venue for selective and universal DV prevention, the few studies on this topic suggest that addressing DV in RFGs is neither widespread nor standardized. In addition, there is a paucity of literature on what actions are necessary to move RFGs and the Responsible Fatherhood Field toward greater adoption of DV education and prevention.

Informed by an "adaptive challenge" institutional change framework, which posits that sustainable change must begin with a critical analysis of a system's landscape, the purpose of this study was to explore the extent to which RFGs are addressing DV and identify the barriers and supports that influence their ability to do so. Specifically, the aims were to explore 1) to what extent and how RFGs are addressing DV in their curricula; 2) factors at the intrapersonal, interpersonal, organizational, community, and policy levels that act as barriers and supports to addressing DV and incorporating DV content into RFGs; and 3) strategies and approaches for incorporating DV into RFGs in ways that support fathers' educational and other needs.

To address these aims, this study used a qualitative design and a practice-research engagement approach to conduct a content analysis of curricula used in RFGs (core curricula [n = 4] and DV supplement [n = 1]) and interviews with individuals who work in or with agencies that provide RFGs as one of their core services (n = 40). These individuals consisted of three groups: leaders in the Responsible Fatherhood Field (n = 10), RFG facilitators (n = 20), and DV advocates who have experience collaborating with an RFG to develop or deliver DV content. Data from the content review and interviews were analyzed using directed and conventional content analysis to allow for both deductive and inductive coding.

The content analysis (aim 1) revealed that none of the four core curricula addressed DV explicitly; however, each covered content and concepts that could be used as windows into addressing DV. In addition, three of the four core curricula had accompanying supplemental content that specifically addressed DV. Whether the supplemental content is used in RFGs, however, is totally at the discretion of individual RFG facilitators.

Participants described a range of barriers and supports that influence RFGs' willingness and ability to address DV with fathers (aim 2). The following categories and subcategories of barriers and supports emerged. Please note that supports are listed in *italics*.



Table 2: Barriers and Supports to Addressing Domestic Violence within Responsible Fatherhood Groups

Level	Categories and Subcategories
Intrapersonal Level (i.e., the experiences, knowledge, attitudes, and behaviors of RFG fathers)	<ul style="list-style-type: none"> • Seeing DV as normalized behavior • Dealing with the stress and trauma of "low-income living" • Struggling to identify and manage trauma triggers • Possessing a limited understanding of DV <ul style="list-style-type: none"> - Different forms of DV - How DV affects children - Recognizing that men can experience DV
Interpersonal Level (i.e., the family and friends of RFG fathers)	<ul style="list-style-type: none"> • Social networks that promote internalization of and adherence to hypermasculinity <ul style="list-style-type: none"> - Views of women as subservient and DV as acceptable - Refusal to show vulnerability - Unwilling to disclose being a victim of DV
Organizational Level (i.e., the staff, practices, and policies within programs that serve RFG fathers)	<ul style="list-style-type: none"> • <i>Increased willingness to embrace DV as a core concern for fatherhood work</i> • <i>A holistic approach to DV requires resources in addition to commitment</i> • <i>Be clear about the purpose of RFGs in relation to DV</i> <ul style="list-style-type: none"> - <i>RFGs are not Batterer Intervention Programs</i> - <i>DV should not eclipse other necessary RFG content areas</i> • <i>Utilize the "right people" to provide DV education and support</i> <ul style="list-style-type: none"> - <i>Engage in reflective and appropriate use of self</i> - <i>Convey a common bond</i> - <i>Be tuned into father's needs and situations</i> - <i>Possess a nuanced understanding of DV</i>
Community Level (i.e., interactions between the agencies that serve RFG fathers)	<ul style="list-style-type: none"> • "Framework tensions" impede collaboration <ul style="list-style-type: none"> - Differing approaches to men who use DV - Challenges related to "comparing oppressions" • <i>Overcoming framework tensions is possible and ongoing</i> <ul style="list-style-type: none"> - <i>Finding areas of common ground</i> - <i>Building personal relationships</i> - <i>Engaging in mutual education</i>
Policy Level (i.e., national, state, local, and program policies that affect RFG fathers)	<ul style="list-style-type: none"> • Funding priorities influence capacity and collaboration • <i>Policy mandates related to DV have the potential to lead to adaptive change</i>

Four strategies emerged as effective ways to meet fathers' educational and other needs related to DV (aim 3): combining cognitive and affective educational strategies to change norms, attitudes, and behaviors; embracing a framework that balances empathy and accountability; providing a safe space for DV discussion and disclosure; and harnessing men's desire to be a good father. Each of these strategies highlight the importance of being profoundly aware of fathers' lived experiences and intersectional identities.

Taken together, study findings indicate that there has been considerable progress among many RFGs regarding their attitudes, norms, and innovative practices related to addressing the issue of DV. Nevertheless, ensuring that this shift continues will require substantially more financial resources as well as mutual education and relationship-building between the Responsible Fatherhood and Domestic Violence fields.

Introduction and Background

Domestic violence, which is used interchangeably in this report with the term “intimate partner violence,” is a widespread and devastating problem in the United States. Estimates from the population-based National Intimate Partner and Sexual Violence Survey (NISVS) indicate that approximately 25.1% of women and 10.9% of men report experiencing at least one incident of IPV (defined as contact sexual violence, physical violence, or stalking by an intimate partner) that directly resulted in negative consequences such as missing work or school, or needing medical or law enforcement assistance (S. G. Smith et al., 2017). In addition, according to NISVS, nearly 50% of all women and men report experiencing psychological aggression, and about 40% report experiencing coercive control (Breiding, Chen, & Black, 2014). As an abundant number of studies have documented, DV can have serious and persistent effects on survivors’ physical, mental, spiritual, and financial health (M. C. Black et al., 2011; Coker et al., 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Showalter, 2016).

In addition to survivors, DV can have a profound impact on children who are exposed to it. The National Survey of Children’s Exposure to Violence found that lifetime exposure to parental IPV among youth under 18 was 16% for psychological aggression and 17% for physical violence, with fathers and father figures being the most common perpetrators (Hamby, Finkelhor, & Turner, 2011). Exposure can include trying to intervene in the incident, directly witnessing it, hearing it from afar, experiencing the subsequent impact on the survivor, and feeling generally afraid in the home (Davies & Lyon, 2014). Children who are exposed to DV are at an elevated risk for a range of negative consequences, including physical and mental health problems, poor school performance, and subsequent DV perpetration and victimization in adulthood (Anda et al., 2006; Bair-Merritt, Blackstone, & Feudtner, 2006). This risk is further elevated when combined with additional stressors such as experiencing child abuse, community violence, and discrimination (Cronholm et al., 2015).

Over the years, a range of primary and secondary prevention efforts have been developed to address DV, the majority of which target women and adolescents (Jewkes, Flood, & Lang, 2015). Although prevention efforts that target adult men as allies and mentors have increased, very few include low-income fathers (Jewkes et al., 2015; Whitaker, Murphy, Eckhardt, Hodges, & Cowart, 2013). At the same time, Responsible Fatherhood Groups (RFGs), often delivered by Responsible Fatherhood Programs,¹ have developed as a family-focused intervention for low-income residential and non-residential fathers with the ultimate goal of improving children’s well-being (Bronte-Tinkew et al., 2007; Holmes, Hawkins, Eggington, Robbins, & Shafer, 2018). RFGs are based on the premise that most low-income fathers, even non-residential fathers, have a strong desire to be present for their children in a positive and supportive manner, and are capable of following through with support and education (Dion, Zaveri, & Holcomb, 2015). An important aspect of RFGs is facilitating men’s personal development, which includes attention to economic empowerment, parenting and child support, and healthy relationships (Dion et al., 2018). These groups run anywhere from 2 to 25 sessions and follow a set curriculum or curricula. Over the years, quite a few curricula have been developed, although some of the volume is due to a need for curricula that are targeted to specific populations (e.g., incarcerated fathers, substance-dependent fathers) (Bronte-Tinkew et al., 2007).

Despite the focus on healthy relationships, explicit attention to DV is often insufficient or even non-existent in many fatherhood programs (Bronte-Tinkew et al., 2007; Dion et al., 2015; Roulet, 2003). Although the Department of Health and Human Services has mandated since 2006 that any RFG receiving federal funding from the Office of Family Assistance (OFA) must have a DV protocol (Roulet, 2009), there is a need for more research on what programs are doing to meet these requirements, including the depth to which they address DV in their actual curricula. In addition,

¹Throughout this report, we use the term Responsible Fatherhood Programs broadly to refer to Fatherhood agencies that are funded by the Office of Family Assistance (i.e., Healthy Marriage and Responsible Fatherhood Grantees) as well as Fatherhood-focused programs, often housed within social services agencies that address multiple social problems.



it is important to remember that only a limited number of fatherhood programs receive federal funding; thus, their involvement with DV content remains an open question.

As others have noted, fatherhood programs have considerable potential to educate and prevent DV given that many of the men who participate have been involved in DV, either as child witnesses or adult perpetrators or victims; yearn to break the cycle of violence in their lives, but struggle with knowing how to do so; and are motivated by a desire to be a good father, which includes educating their children about violence (Thoennes & Pearson, 2015; Thomas, Mederos, & Rodriguez, 2019). Research demonstrates that fatherhood groups provide a safe space for low-income fathers to share their experiences and learn new skills such as self-reflection and anger management (Anderson, Kohler, & Letiecq, 2002; T. Black, Walker, & Keyes, 2010; Holcomb et al., 2015). Although it is reasonable to assume that the same would apply to DV, considerably more research is needed on how to approach and address the topic.

Fatherhood Programs and DV

Research on how to best address DV within RFGs is scarce, to say the least. Findings from a study of 686 Black, Latino, and White fathers attending a fatherhood program indicated that higher levels of violence approval (acceptability of the use of force in interpersonal situations) were associated with higher levels of the following: hostility toward women, social isolation, and violence socialization—which refers to childhood exposure to family and community violence (Hayward, Honegger, & Hammock, 2018). Hayward and colleagues (2018) asserted that examining attitudes toward women, increasing social integration (including service utilization), and addressing the aftermath of childhood exposure to violence appear to be useful approaches as part of primary IPV prevention in fatherhood programs. Another study, this time involving focus groups with low-income fathers who had attended fatherhood programs, found that many of the men harbored extremely painful and traumatizing memories stemming from childhood exposure to DV (Thomas et al., 2019). The authors argued that addressing these memories in RFGs may help these fathers to develop a deeper awareness of the impact of DV on children and to incorporate this awareness into their fathering framework.

In addition to these studies with fathers in RFGs, some insight can be gleaned from research on programs for men who perpetrate DV. A systematic review of research on the mechanisms of change for men who use violence and abuse stressed that group strategies that facilitate self-reflexive processes may lead to changes in violence acceptance and more empathy for their partners, and that differentiating between shame (being a bad person) and responsibility (acknowledging harmful behaviors) appears to increase empathy and acceptance of responsibility (Velonis, Mahabir, Maddox, & O'Campo, 2018). Finally, there is increasing evidence that trauma is an important precursor for men who have a history of DV perpetration. A study of 134 men seeking treatment for DV perpetration found direct links between traumatic events, post-traumatic stress disorder, and increased risk for physical and psychological violence (Webermann et al., 2019). The authors asserted the need for trauma-informed approaches to support men's needs and change their violent behaviors.

Collaboration between the Responsible Fatherhood and DV Fields

Despite what appears to be consistent efforts at the national level to facilitate collaboration between fatherhood programs and DV programs (e.g., meetings in 1999, 2005, and 2009), almost nothing has been written about the topic. To our knowledge, only one source documents the history and challenges of collaboration between these two fields: a 2007 guidebook for fatherhood practitioners and DV advocates (Boggess, May, & Roulet, 2007). According to Boggess and colleagues (2007), collaboration between fatherhood and DV programs has had a rich and complicated history, with perception being one of the primary barriers. Initially, many DV advocates did not understand Responsible Fatherhood programs; as a result, they tended to confuse them with Fathers' Rights Groups and mistake RFGs as a treatment for men who use violence against partners. Conversely, people in the Responsible Fatherhood



field believed that DV advocates viewed all men, particularly low-income fathers of color, as abusers, and that the underlying goal of collaboration was to convert fatherhood programs into batterer intervention programs (also known as “abuse intervention programs”). Boggess and colleagues (2007) asserted how, at the time of the report, these perceptions had begun to change, which was essential, given that fatherhood and DV programs often serve the same population: low-income mothers, fathers, and children who struggle with poverty, racism, and multiple system involvements (e.g., child welfare, family and criminal courts, police).

Study Aims and Framework

Informed by the gaps in the literature, the aims of this study were to explore 1) to what extent and how RFGs are addressing domestic violence in their curricula; 2) factors at the intrapersonal, interpersonal, organizational, community, and policy levels that act as barriers and supports to addressing DV and incorporating domestic violence content into RFGs; and 3) strategies and approaches for incorporating DV into RFGs in ways that support fathers' educational and other needs. It is important to note that this study does not focus on batterer intervention or abuse intervention programs.

The study and research aims were guided by an “adaptive challenge” institutional change framework (Heifetz & Linsky, 2017), which posits that sustainable change must begin with a critical analysis of a system's landscape. This landscape includes the guiding principles and ideology, specific practices, and intra- and interpersonal dynamics that both hinder and facilitate change. An essential element of this framework is differentiating between a technical change and an adaptive change. Technical change often involves surface-level adjustments (e.g., trainings, policies, shifts in job responsibilities); whereas, adaptive change involves efforts to address the underlying causes of a problem (e.g., attitudes and norms). A technical change can be the necessary catalyst for adaptive change in the right circumstances (Heifetz & Linsky, 2017).

The principles of this framework provide useful guidance when trying to diagnose the factors that help and hinder change, which aligns with the current study. First, the framework emphasizes the need to examine current practices in order to identify gaps and growth areas, which informed the study's first and third aim. Second, a critical component of this framework is uncovering people's attitudes and norms, as they are the key to true behavior change. To that end, the current study sought to elicit participants' own attitudes and norms about DV generally and in relation to RFGs, as well as their perceptions of fathers' attitudes and norms. This principle was most applicable to the second and third aims of the current study.

The study was also informed by the Ecological Model for Health Promotion (McLeroy, Bibeau, Steckler, & Glanz, 1988), which includes five levels: intrapersonal, interpersonal, organizational, community, and policy. In this model, people's knowledge and behaviors are informed by factors at each of these levels; thus, change strategies should be targeted accordingly (McLeroy et al., 1988). This model was used as an organizing strategy during the coding process for the second aim. Specifically, data were coded according to how they mapped on to the five levels in the model.

Methods

Design

This study utilized a qualitative design consisting of two elements: a content analysis of curricula used in RFGs (core curricula [n = 4] and DV supplement [n = 1]) and phone interviews with individuals who work in or with agencies that provide RFGs as one of their core services (n = 40). In addition, we applied a practice–research engagement approach to the entirety of the project (L. D. Brown, Bammer, Batliwala, & Kunreuther, 2003). This approach “enables practitioners [co-author Mederos] and researchers [co-author Thomas] to learn together about problems of mutual interest, combining



their perspectives to build concepts, insights, and practical innovations that neither could produce alone" (Brown et al., 2003, p. 84). The study was approved by the Simmons University Institutional Review Board.

Sample and Participants

Curricula Review. In consultation with leaders in the Fatherhood field, we selected four RFG core curricula: 24/7 Dad: AM[®] (National Fatherhood Initiative, 2015), the Fatherhood Development Program (National Partnership for Community Leadership, 1995), Fatherhood Is Sacred[®] & Motherhood Is Sacred[™] (Native American Fatherhood Families Association, 2016), and Nurturing Fathers Program (Perlman, 1998). In addition, we reviewed one DV-specific curriculum, Understanding Domestic Violence[™] (Mesa, Vecere, & Brown, 2009), which is used as a supplement to the 24/7 Dad: AM[®] and other NFI curricula. Another DV-specific curriculum, Addressing Family Violence and Abuse[®] by the Native American Fatherhood Families Association, was being revised at the time of the study and not available for review. For more information on the universe of Responsible Fatherhood and Fatherhood-related curricula, see the compendium compiled by the National Responsible Fatherhood Clearinghouse (National Responsible Fatherhood Clearinghouse, 2011).

Interviews. This study used non-probability sampling, specifically purposive and snowball sampling methods, to recruit 40 participants from three different groups. The first group consisted of individuals (n = 10) who met at least one of the following criteria: 1) developed a well-established Responsible Fatherhood Curriculum, or 2) is the founder or director of a Responsible Fatherhood agency or program and whose role does not involve (or no longer involves) direct group facilitation. Herein, we refer to individuals in this group as "leaders." The second group consisted of people who facilitate RFG groups (n = 20). To be eligible, facilitators had to have at least five years of facilitation experience and use one of the core curricula that we included in the curricular review. The third group consisted of people with DV expertise who met the following criteria: work at DV-focused agency and have experience collaborating with a Responsible Fatherhood program to develop or deliver DV content into RFGs (n = 10). Herein, we refer to individuals in this group as "DV advocates."

To recruit an initial pool of participants, we asked people within our own network and the FRPN network for recommendations of leaders, facilitators, and advocates who met the criteria. In some cases, FRPN staff connected us directly. We followed up with those people via phone and email, and the majority agreed to participate. We then used snowball sampling by asking interviewees at the end of the interview to connect us with people in their own networks who would be willing to speak with us. These recommendations populated the rest of the sample.

Participant demographics are detailed in [Table 1](#) (see Appendix). On average, participants were in their mid-50s (mean = 54.9). Regarding gender composition, although 30% of the sample identified as women, leaders and facilitators were comprised mainly of men.

Participants had considerable experience working with RFGs; leaders had the highest mean number of years at 17.7, and facilitators had the lowest mean number of years at 11.1. Although we recruited nationally, the majority of participants worked in programs located in one of three regions: Mid-Atlantic (35%), New England, (22.5%), or South West (20%). The facilitators and leaders in our sample used or discussed the following as their core curriculum: 24/7 Dad[®] (29.6%), Nurturing Fathers (25.9%), Fatherhood Development Program (22.2%), and Fatherhood Is Sacred[®] & Motherhood Is Sacred[™] (22.2%). They included six representatives of OFA-funded fatherhood programs (3 leaders and 3 facilitators), and 24 representatives of programs that did not receive OFA funding (7 leaders and 17 facilitators).

Data Collection, Measurement, and Analysis

Curricula Review. We requested a copy of each of the curricula directly from the authors; they agreed to let us borrow them for our review under the condition that we would not share or duplicate any of the materials. To guide



the content analysis, we developed an eight-item checklist with open-ended follow-up questions that assessed for number of sessions and topics, DV-specific content and activities, opportunities for fathers to discuss victimization and perpetration, content and activities about childhood exposure to DV, areas of the curriculum that might provide a foundation for DV content, guidance for how facilitators should handle DV-related disclosures, and whether the curriculum had a DV-specific supplement associated with it. To pilot the checklist, each of the authors used it to independently code one of the curricula. We made several minor adjustments before analyzing the rest of the curricula.

Interviews. We conducted phone interviews in English using a semi-structured interview guide developed for the study. The guides included questions on whether and how the RFGs address DV, including curricular content, activities, and other processes; the rationale for including or not including DV content; barriers and opportunities in terms of incorporating DV content into RFGs, and interviewee experiences of and motivations for DV/RFG collaboration. In addition, the interview guide for RFG facilitators and DV advocates also included questions specifically about RFG participants' understanding of DV (including gaps in knowledge), fathers' receptivity to discussing DV, and effective strategies for addressing DV. We also asked several basic descriptive questions (e.g., age, race, number of years working in or with RFGs). Interviews were conducted over the phone after participants gave verbal consent, recorded for transcription, and lasted 40 to 60 minutes. Participants were offered a \$25 gift card as a thank you for their time. Data from the interviews were analyzed using both directed and conventional content analysis to allow for both deductive and inductive coding (Hsieh & Shannon, 2005). During initial coding, both authors independently coded the data. Specifically, we read each of the transcripts several times and utilized what Saldaña refers to as an "eclectic" approach to coding; that is, we coded the data using multiple types of codes (i.e., attribute, descriptive, process, values, in vivo, and causation) rather than using only one type (Saldaña, 2016). After independently coding each of the transcripts, we reviewed the codes that emerged to assess for areas of commonality and difference and developed the initial codebook. The first author then utilized focused coding to refine the list of codes to ensure that only the most salient remained and then, in consultation with the second author, combined them into categories and themes (Saldaña, 2016). During this second cycle of coding, the grounded theory technique of constant comparison was used to assess the extent of agreement and disagreement across codes and categories (Corbin & Strauss, 2008). In addition to independently coding the data during initial coding, we also engaged in peer-debriefing and memo writing to facilitate trustworthiness (Padgett, 2008). The qualitative software NVIVO 12 was used to organize and analyze the data.

Results

Findings are organized according to the three aims. Please note that when using quotes, participants are identified with a letter for their group and number within that group (e.g., L1 = Leader #1). Finally, we document the frequency with which participants spoke to each category as "some" (30%), "many" (31–79%), or "most" (80%+). These percentages apply within the whole sample, and—when applicable—when referring to specific subsamples.

Aim 1: The Extent of DV Content in RFG Curricula

In this section, we present the findings on whether and how RFGs are addressing DV in their curricula, and we identify potential areas within the curricula where such content might be infused. These findings are based on the content



analysis of four core RFG curricula and one DV specific supplement, as well as interviews with the FH leaders and RFG facilitators who have either designed or implemented at least one of the curricula that were reviewed. We begin with an overview of similarities among the four curricula, and then we focus on each individually. Please note that we do not include participant numbers when quoting the curriculum developers to avoid making their other quotes identifiable.

The four curricula all center on empathy, love, and responsibility as core principles; unpack harmful and self-limiting messages and stereotypes about manhood and fatherhood; address respectful co-parenting; and promote respecting and valuing their partners or children's mothers. They also deliberately provide a non-judgmental, respectful environment that facilitates self-disclosure about difficult topics. Some of the differences include the extent to which the curricula concentrate on economic self-sufficiency, racism and discrimination, and the child support enforcement and child welfare systems. In terms of DV, none of the four core curricula explicitly addressed DV in their main content, but each contained topics that could be used as a door to discussion about DV. In addition, the developers conveyed a clear commitment to educating fathers about DV and stressed that DV is antithetical to responsible fatherhood.

Nurturing Fathers Program

The Nurturing Fathers Program (NFP), developed in 1998, focuses on low-income fathers involved with child welfare (Perlman, 1998). It is intended to prevent or address child neglect and abuse. It stresses cognitive and affective growth for fathers, self-nurture as a prelude to nurturing others, children's development, and co-parenting and healthy relationships. It does not explicitly address DV, or use terms such as "batterer," but it embeds concerns and lessons about attitudes and behaviors that underlie domestic violence throughout: it addresses oppressive and collaborative power in relationships ("power over" versus "power to"), abusive versus nurturing discipline, and obstacles to functional relationships such as substance abuse, anger, and stress. There are also skills related to teamwork, negotiation, conflict resolution, and problem-solving. The strategy is to provide positive nurturing and non-abusive alternatives for fathering and co-parenting, while avoiding DV-related terminology and approaches that could trigger defensiveness. Indeed, the curriculum developer reported purposely avoiding the term "DV":

In retrospect, I'm glad that I didn't, only in that, and I may be wrong on this, but in that that would scare a lot of people away. And that's why I like the idea of dealing with the skills and attitudes that are so central to these issues without having to use those labels, because the guys in the group would maybe bolt or say, "Oh, this is not for me. This is a different kind of father. You know, I don't have that question, somebody else may." So yes, I have not used that word directly, yeah.

Most of the facilitators who use NFP thought that the curriculum addresses DV in ways similar to what was just described (especially the "power over" versus "power to" focus), and they discussed how DV often comes up spontaneously in NFP groups. At the same time, most reported that a deeper discussion is needed. According to one of the facilitators (F20), "I don't think there's enough, frankly, focused activities and that can be used by facilitators to get to the real discussions that need to happen." As a result, several facilitators and leaders have created their own DV-related supplements. As one participant explained,

I found that really bringing domestic violence topics up and trauma, as it relates to nurturing and fatherhood, I found it so powerful that in the 13-week curriculum that I currently facilitate . . . that I've added an extra week, a 14th week, to specifically talk about the effects of trauma, the effects of domestic violence, and how that relates to families and nurturing. Been doing that now I would say probably four to five years. (F1)



Fatherhood Development: A Curriculum for Young Fathers

This curriculum, developed by The National Partnership for Community Leadership (NPCL) in 1995, is deeply grounded in the experience of young urban men of color, and it evidences an almost granular awareness of the multiple economic and social challenges that these young fathers encounter (National Partnership for Community Leadership, 1995). Accordingly, it highlights discrimination and racism, establishing paternity, self-sufficiency, employability, economic literacy, child support, coping with stress, poverty, and single fatherhood as well as health, substance abuse, sexuality, birth control, and sexually transmitted infections. It also attends to typical fatherhood issues such as re-examining manhood, creating an expanded vision of fatherhood, understanding children's needs, discipline and building children's self-esteem, and communication. This curriculum is often utilized by larger fatherhood organizations that attend holistically to low-income men and their families and include attention to poverty mitigation within their missions.

Within the comprehensive 25-session curriculum, there are two sessions devoted to relationships. These sessions do not mention DV, but they focus amply on conflict and disagreement, de-escalation, awareness of anger and what fathers can do to avoid violence. These sessions also call for panel presentations by women in the community, with clear encouragement to expand the dialogue to both sessions if it is useful. According to the developer, practitioners who use the NPCL curriculum are asked to use the panel presentation to bring in women from the community and collaborators from DV agencies to speak about their experience with DV in highly interactive discussions. In addition, NPCL has since developed an additional session devoted to DV, called "Introduction to Domestic Violence." This curriculum supplement is brief, covering only the following: a definition of DV, the cycle of violence, and a discussion of how, although women are more likely to be victimized, men are also victimized but reluctant to speak out. According to the developer, the heavy focus on relationships was intentional:

We focused on issues of domestic violence really around understanding cycles associated with DV, you know, so that he had a basic understanding of what he might, may or may not be doing, you know, verbal or, or physical abuse, that type of thing. And then we had a focus on you know, just, you know, male-female relationships. You know, the Mars/Venus kind of aspect of it, you know, to understand women from her perspective and to get women to understand him from his perspective.

In keeping with this perspective, all of the people who use NPCL reported that they think DV is addressed in the curriculum. Moreover, they reported that this content is almost always delivered by people with DV expertise. Sometimes these educators are staff at their own agency: "we have a domestic violence coordinator on staff who also does workshops" (L9). Typically, however, they are staff at a DV agency: "we will have domestic violence people in I think five times per class doing workshops and they will do a training to our staff four times a year" (L3).

The 24/7Dad: AMTM

This 12-session curriculum is one of many curricula and resources offered by National Fatherhood Initiative (NFI). It comes with an manual for facilitators and covers common fatherhood themes such as men's fatherhood legacy, unpacking manhood and fatherhood roles and stereotypes, affective growth, communication, health, children's development and discipline, co-parenting, and work (National Fatherhood Initiative, 2015). It does not mention domestic violence, but NFI does offer a well-structured and dynamic supplement—"Understanding Domestic Violence" (Mesa et al., 2009) Comprised of six hours of activities, this supplement defines DV, introduces the cycle of violence, discusses levels of fear in mothers and children, the impact of DV on children (including a thought-provoking exercise in which fathers use clay to represent the pain and despair children feel in abusive environments), early warnings signs of DV, and how to create a non-violent home environment. Overall, this supplement offers an equal balance of providing information, facilitating discussion, and engaging fathers in interactive activities to help



them experience and integrate the emotional impact of domestic violence on partners and children. According to one of the developers, they have given careful thought as to how and when to utilize this supplement within RFGs:

They often integrate it in the way we recommend they integrate it . . . And that is late on in the program or after the program ends. And that's because integrating at that time, by that time, the dads are typically very comfortable sharing intimately with each other, on an emotional level, and with the facilitator. So they're more open at that point to addressing a very delicate subject like domestic violence.

All facilitators who use 24/7Dad:AM reported that domestic violence comes up in the group. When asked whether the 24/7Dad: AM™ curriculum addresses DV, most of the leaders and facilitators who use it reported that it did not do so explicitly. However, they pointed out how there are many openings in the curriculum that often lead to a discussion of DV, especially the sessions that explore the men's own childhoods, discipline of children, and manhood and relationships. According to one participant (F14), "Well, I think communication and discipline were the two major lessons I think that was a segue for individuals to somehow feel free to bring up that kind of past, you know?" Another participant agreed:

There's a part in the curriculum that talks about when you you're a child, what did you do with your feelings, what were you allowed to speak about, your feelings as boys. It kind of brings up domestic violence . . . I think that because it's not in the curriculum, we really don't touch it unless the conversation about it comes up. (F7)

Interestingly, only one of the facilitators who uses 24/7 Dad: AM™ mentioned using the DV supplement. The curriculum developer suggested two possible explanations. First, because programs have so much to cover with the fathers, there may be logistical problems trying to fit DV into a 12-session curriculum. Second, staff in some programs may be uncomfortable discussing DV with the fathers—a point we will return to in a subsequent section. That said, he also stressed that the feedback he has received from fatherhood program sites that have utilized the supplement was very positive: "Those practitioners who have used the session say that dads really respond well to it and are grateful for the knowledge they gain."

Fatherhood Is Sacred® & Motherhood Is Sacred™

This 12-session curriculum developed by the Native American Fatherhood Families Association (NAFFA) is the original and most widely used of their three curricula (Native American Fatherhood Families Association, 2016). It focuses extensively on cultural restoration or reconstruction as a way of healing Native American fathers and families, which is different from the other curricula. The manual states,

NAFFA created this program for fathers and mothers using a Native American approach. The goal of the program is to strengthen families through responsible fatherhood and motherhood. NAFFA teaches parents to connect with their heritage as they become involved in the lives of their families. (p. 10)

The uniqueness of the curriculum is also reflected in the core concepts of the program: Service, Wisdom, Teachable, Choice, and Creator. In particular, there is a vital emphasis on spirituality through learning about ancestors and their traditions of love, service and devotion to the entire family, and on preparing to meet the ancestors after death and encounter their love and scrutiny:

When you pass on and reunite with your family, after the initial celebration of great joy, they will want to introduce you to their parents whom you may have never met . . . In just a few minutes, they can determine what kind of parent you were. (p. 40)



The curriculum has a core approach that consists of four principles: uplifting (e.g., promoting self-worth), encouraging (e.g., strengthen hope and trust), assisting (e.g., improving life skills), and teaching (e.g., responsibilities as a spouse, father, and mother). It does not explicitly address DV in any of the written content, a sentiment that was shared by the facilitators we interviewed who use this curriculum. However, the curriculum developer explained that the topic is woven throughout because it is fundamentally connected to the core approach, particularly the aspects of uplifting and teaching:

Let's look at domestic violence, we say. This is how we say it in our program. Domestic violence is a people problem. It's not a man or gender problem, it's a people problem. OK, then we say, what is family violence and abuse? We explain that to them. Just take the normal thing, but we say, how do we define domestic violence is this. We say domestic violence is a true identity theft. That's how we define domestic violence is true identity theft. . . . And we tell women and men, protect your identity. There's never been a person like you ever, ever and never be a person like you ever again. You're one of a kind. You're priceless.

In addition, all of the facilitators reported that the topic of DV often comes up in their groups spontaneously, though not initially:

I'm guessing by the time we would get to a point where domestic violence might have an opportunity to show up, we've probably been together 2 or 3 times. So, so we've had some time to establish a trusting relationship within the group. (F17)

Some of the strategies that prompted DV discussions included sharing their own experiences of DV victimization and perpetration, using case studies to highlight women's experiences of DV, and reminding them that DV is the opposite of what their ancestors and Creator expect of them. All of facilitators who use Fatherhood Is Sacred® & Motherhood Is Sacred™ were aware of the Addressing Family Violence & Abuse supplement and eagerly awaited the revision.

Aim 2: Factors that Hinder and Support Addressing DV in RFG

Participants discussed a broad array of factors that posed challenges and opportunities for addressing DV in RFGs. Findings for this aim are organized according to the levels of the Ecological Model for Health Promotion (McLeroy et al., 1988). We begin with the intrapersonal level, which pertains to the men who participate in RFGs. As a reminder, we interviewed people who work *with* fathers and not the fathers themselves; thus, findings represent participants' *perceptions* of the intrapersonal-level factors that challenge and support addressing DV in RFGs.

Intrapersonal Level

In the Ecological Model for Health Promotion, the intrapersonal level refers to a person's knowledge, attitudes, skills, and developmental history (McLeroy et al., 1988). Each of these emerged as important aspects of barriers that can hinder RFG participants' willingness and ability to discuss and process DV-related content. A total of four categories emerged: *seeing DV as normalized behavior*, *dealing with the stress and trauma of "low-income living,"* *struggling to identify and manage trauma triggers*, and *possessing a limited understanding of DV*.

Seeing DV as normalized behavior. According to the majority of participants, because intergenerational DV and child abuse are prevalent in the men's families and communities, they learn to see DV is "second nature" and "a way of life." As two of the facilitators described:



Oh yeah, that's always brought up about how, you know, they, they were brought up in that domestic violence environment in the home and that it's almost a norm. So yeah, it is brought up and it is shared, you know, they will bring up, "when I was young this happened, blah blah blah," you know, so on and so forth, so that other people will shake their head and they will agree, knowing that they know that situation as well. (F12)

And when, and then they see something like domestic violence for example as a, as a very common activity and throughout their community, then it becomes normalized and that's the way of life and everybody accepts it. And you know, you have a result of generational cycles from that. (F16)

For some men, seeing DV as normal behaviors translates into not viewing certain behaviors, including their own, as abusive and problematic. This leaves programs in the position of needing to provide basic information about DV and, in some cases, doing some "resocialization." As one of the leaders explained:

You have some families who grew up in pattern of generational violence. And so even education as to what domestic violence is in terms of verbal abuse and other areas that are domestic violence, that just introducing that to people that may have used violence as a way to mediate conflict. So some of it was grounding people to understand family members in a community, men who came through our program, what domestic violence is. So some men may say, oh, I didn't know that was domestic violence. I didn't know I was being abusive. I didn't know the impact that would have on my children. (L7)

Dealing with the stress and trauma of "low-income living." Participants described how, in addition to child abuse and childhood DV exposure, men's lives were replete with a variety of other traumatic experiences such as community violence, poverty, homelessness, incarceration, substance use, and a lack of educational and employment opportunities.

But what I've found in doing this work that a lot of men, specifically low-income men, seem to have a lot more life experiences when it pertains to trauma, as it pertains to like I said, low-income living, a lot more stressors. (F1)

These guys are so busy out there trying to make one dollar make sense, that any free time that they have, they're trying to hustle. They're trying to build a bridge. They're trying to find some way financially to make a dollar . . . which leads into toxic stress (F6)

According to participants, living in such profoundly stressful environments inevitably leads to feelings of frustration, anger, and being "on edge." In turn, these feelings of stress and anger are a challenge that can heighten men's risk for DV. As one facilitator explained:

[The stress] only amplifies DV. Now you have folks that are more frustrated, less willing to go fight for their life, tension in the room, around the home, around the child, is that much more emphasized being negative. There's more of a potential for it in fact. (F6)

In addition, experiencing *discrimination and unfair treatment by systems*, a subcategory of "low-income living" that emerged, only exacerbates men's feelings of frustration and anger. Many participants discussed how the system was "stacked against" low-income men, both in general and in relation to domestic violence. This can manifest as wrongful arrest ("sometimes the domestic violence that might occur even starts with the female. But it's the male that oftentimes catches the case") and child custody challenges ("Every dad that comes in here, he's trying to get custody



of his children, he's fighting the systems, he's fighting systemic systems"). Participants stressed that these challenges were often related to issues of class and race:

[Men who] financially can handle it, have transportation covered, and they can maybe even hire their own lawyer in a case they feel pretty confident about winning custody of their kids, for example, if their children have been removed. So those that have resources feel more confident. Those that don't have resources, depending on public defense or transportation, things like that feel very, I'm searching for a word, my apologies . . . They feel like everything is set up against them and there's no possibility of ever complying with everything that's required in order to be a father again. (F2)

As a result of negative experiences with systems—both real and anticipated—the fathers they work with are acutely worried about being “villainized” and labeled as a “batterer” or an “abuser.” As one facilitator explained:

It [DV] is literally an acronym for really bad men. And horrible men. So, when there are, when I have good men who are now in court for domestic violence, they are probably the most confused people in the world. They're not sure why they're there because I thought this was for criminals and bad men and I'm not, I'm a good father that had too much to drink or, or she yelled and she pushed me and I pushed her back, and then now I'm, now I'm here in these classes. (F10)

This fear of being labeled can hinder men's willingness to disclose or go into detail about their own use of violence—or even want to discuss the topic at all. As one facilitator described:

Men are—although I'm not condoning domestic violence in any way, let me say that—I think they're just, they're afraid, because you think of all of the factors that are out there that are out to like you know, for lack of a better way of saying it, to “get” men. You have child support enforcement, that you don't pay your child support, you'll get arrested, you'll lose your professional license. It's, you hit your wife or your loved one and the police show up, and if there's any signs of visible injury, you're goin' down. You know, so there is a huge, there's a fear factor in even talking about it. (F8)

Struggling to identify and manage their trauma triggers. As has been discussed, the majority of participants identified that the men they work with are “traumatized” due to a range of profoundly traumatic experiences across the lifespan. However, according to some of the participants, the majority of men have had neither the opportunity to process those experiences nor been taught how to do so. As a result, they have difficulty identifying and managing what one facilitator (F12) described as the “roots of their actions.” This is how one of the leaders explains it to the men in his program:

[We say] domestic violence is a learned behavior. You're not born with that. It's a learned behavior. It's gonna be difficult to unlearn, but you can. We say there's a process in domestic violence. We go over that process with them. We say the first step in domestic violence is this. People have been hurt. When you're hurt by people that tell you that they love you, it could be your parents, your siblings, if you've been hurt, your spouse, when you've been hurt and that hurt has not been resolved, it can escalate quickly to anger. We say, anger, if you don't take care of that anger, it quickly turns to you begin to, it can turn into resentment. I don't want to talk to you. Leave me alone. Don't take care of that resentment it turns into hatred and revenge. (L5)

Participants described how shame and guilt also are common feelings among the men, stemming from the violence they experienced growing up and, for those who had been violent to partners and children, their own actions. One



facilitator (F17) described how some fathers were caught in a "vicious cycle" of feeling "shame and self-loathing" and acting violent toward partners. Another facilitator (F15) described how these feelings can be a barrier to discussing DV: "A lot of times, from my experience working with men, it's just shame or guilt of their past. And so they don't wanna hear it. It's better to ignore it." A similar sentiment was shared by one of the DV advocates (DV6): "I often find that's true that the person that will challenge you most during the presentation is the one that's really got some internal struggle going on."

Possessing a limited understanding of DV. The fourth and final category within the intrapersonal level is that the fathers in RFGs *possess a limited understanding of DV*. Participants discussed three gaps in men's knowledge that serve as both challenges and opportunities: *different forms of DV*, *how DV affects children*, and *recognizing that men can experience DV*.

Different forms of DV. According to most participants, men typically understand that physical violence is DV, but are far less aware of other forms of DV, particularly psychological abuse and coercive control. As one facilitator explained:

Yeah, they'll be like, "I didn't hit her." That's not the only thing that makes it domestic violence, because even if you're having an argument and the police come, that's domestic violence, that's the charge, so it is part verbal, it is what you say and what you're saying and you're making threats and stuff like that. (F7)

Not having a nuanced understanding of DV, especially coercive control, can make it difficult for the men to "realize the severity of it" and empathize with people who do not leave abusive relationships. As one of the DV advocates explained:

A training need that it seems like we have to kind of revisit all the time, that really gets stuck for these guys is why do survivors sometimes stay with abusive partners. That is something that we need to revisit every single time, because they get frustrated. They get really frustrated when they do reach out and maybe connect with a partner of one of these fathers and help her or engage her with [DV agency] and then they found out she's back, or she won't leave to begin with or she's not interested in services. (DV3)

How DV affects children. Another blind spot for the fathers was understanding the impact that DV can have on their own children. As one of the leaders described:

But the thing that came out of the group that was interesting to us was the concept of a child who witnesses violence. That we kept on hearing over and over and over again from dads that, oh yeah, my girlfriend and I went at it, well my baby-mama and I went at it, but the kids were upstairs watching television. They didn't hear anything. Or they didn't know what's going on, they're not aware of it. And this whole idea of a child who lives in a household who witnesses this kind of stuff going on, that was something that we felt, came out organically from the group, and we definitely felt we needed to address. (L10)

Another facilitator had a slightly different take, which was that the men understand the connection, but only superficially:

I think that, generally, they seem to understand the, the connection, it, it, it seems to be more of a yes, we understand that the things we do are, you know, viewed, and absorbed by our kids, but it tends to stop short of a real realization that that domestic violence is specifically having specific impact on kids, it's more of a general understanding without any digging, deep digging into that topic for them in those, in those sessions. (F18)



Recognizing that men can experience DV. The third gap in men's DV knowledge concerned their own victimization. Many of the participants described how, although some of the fathers they work with are being abused, they do not recognize that they are victims or identify what they experience as DV. As one facilitator (F6) described: "I think the bigger question is how many men are aware, the bigger number is how many men are *aware* that they've been victimized. . . . It's a dry pill to swallow for them." Instead, the fathers often frame what is happening to them as "my girl is crazy" or "that's what women do," even in instances of severe physical violence. According to one of the facilitators, their lack of recognition might be connected to thinking that DV only applies to women:

I've heard instances in the workshop where a guy will be like, "Oh, yeah, my girl stabbed me." And I'm like, "That's not normal." It doesn't, they don't see the issue. . . . I think it's that they don't see that they're actually going through what women go through.

Interpersonal Level

In the Ecological Model for Health Promotion, the interpersonal level refers to the way in which family, friends, and other primary groups influence a person's attitudes and behaviors (McLeroy et al., 1988). Only one category emerged at this level but contained several subcategories: Social networks that promote internalization of and adherence to hypermasculinity.

Social networks that promote internalization of and adherence to hypermasculinity. Many of the participants discussed that men learn at a young age to adopt hyper-masculine attitudes and behaviors, which are then reinforced throughout their lives, especially by their peers. In terms of DV, adherence to hypermasculinity manifests in three ways, each of which poses barriers for education and behavior change: *views of women as subservient and DV as acceptable*, *refusal to show vulnerability*, and *unwilling to disclose being a victim of DV*.

Views of women as subservient and DV as acceptable. First, participants discussed how some of the fathers they work with hold traditional attitudes about DV (e.g., thinking it is "his right as a man to strike his woman," blaming the victim, and disrespecting women), which can lead some of men to "deflect and not accept accountability for their actions." One facilitator reflected on his own life when describing hypermasculinity as a challenge for the fathers:

And having grown up in a kind of tough environment, my crew was, as you say, hyper-masculine. We always were. We were the most manly [sic] guys, we thought, around. There was a certain image that we kind of aspired to. And I see some young men today that aspire to that same image. . . . But I think that when it comes to males and their conditioned attitudes towards females, I think it takes a conscious effort to educate men and to enlighten them about these unconscious attitudes that we carry as males, you know, that kind of destroy our relationships because we're so heavy-handed and quote-unquote "manly." (F4)

Some of the participants equated these hyper-masculine attitudes to men's internalization of negative aspects of "traditional gender roles," especially that it is men's "role to be dominant over women." The participants who identified as Native American, however, stressed that DV and disrespectful attitudes towards women were the antithesis of their tradition. One of the facilitators (F17) described how he consistently reminds men that "their heritage does not include domestic violence on their spouses and kids." Instead, DV is a learned behavior brought on by "colonization, assimilation, boarding schools, and all of that historical trauma," (F15) that eventually began to be passed on through generations.



Refusal to show vulnerability. The second subcategory was how hypermasculinity interferes with men's willingness to show vulnerability or ask for help. One facilitator explained:

For men, it almost is like a secret language where men don't have to speak to each other to know that if you're going through a certain situation, you keep it to yourself because that's what men do. It's like this unspoken law of fathering that you hold your own. But that's not reality. (F1)

Another facilitator (F11) shared a similar sentiment, "men have been taught, you don't cry, suck it up, you have to have—you get a certain age—you have to have all of the answers." As a result, men often enter groups with "bravado," at least initially. One of the facilitators described the evolution he sees in men's willingness to share:

Most of the men that I've been working with over the years here seem to be very self-assured. They present themselves initially as together, doing fine. . . . Initially, when they're in their classes, they try to man up and look OK and present themselves as doing well. Until about halfway through when we get into weeks on stress management and that sort of thing, then they'll start crackin' a little bit, talking about the issues they're having personally. (F2)

According to many of the participants, the disconnect between the fathers' outward presentation and internal world is rather extreme. As one of the facilitators captured so powerfully:

But when it comes to the trauma and the domestic violence, I really feel like it's just this deep down whole core in the body of these guys, where they're just screamin' for somebody to help them. They are just bleedin', agonizing pain for somebody to just reach out and give me a little bit of guidance with this. (F1)

Unwilling to disclose being a victim of DV. The third subcategory was the impact of hypermasculinity on men's willingness to either disclose their own victimization or admit that it is a problem for them. This subcategory is different from not recognizing oneself as a victim, which seemed to stem more from men's understanding of DV as only happening to women. Instead, as participants explained, some fathers *do* recognize that they are victims but, as one facilitator (F5) said, they "refuse to say, don't want to say, embarrassed, ashamed." Another facilitator (F7) explicitly connected fathers' unwillingness to share with their views of what it means to be a man: "think about what that would do to your masculinity if you felt, or was the one that was identified as a victim. You would feel less of a man today, not more of a human. That's a problem."

Organizational Level

The organizational level of the Ecological Model for Health Promotion refers to the context and characteristics of organizations that can influence people's attitudes and behaviors (McLeroy et al., 1988). This can include formal and informal policies and practices; norms and culture; and the knowledge, attitudes, and skills of the staff. In terms of organizational-level factors that support and hinder Fatherhood programs' ability to address DV and incorporate content, four large categories emerged: *increased willingness to embrace DV as a core concern for fatherhood work, a holistic approach to DV requires resources in addition to commitment, being clear about the purpose of RFGs in relation to DV, and utilizing the "right people" to provide DV education and support.* Each of these categories was quite rich, resulting in the emergence of several subcategories.



Willingness to embrace DV as a core concern of fatherhood work. One of the primary supports to emerge at the organization level was that many of the participants described a willingness and commitment to *embrace DV as a core concern of fatherhood work* among their fatherhood agencies and other staff members. As one program founder (L3) stressed at the end of the interview, “not much else that I think I should add, with the exception being just to reiterate that domestic violence prevention should be an essential component of work that is being done in the field of responsible fatherhood.” It is worth noting that one variation in how participants conceptualized this commitment had to do with terminology. According to a program founder and group facilitator (F10), his agency used the term “family violence” due to the loaded nature of the term “DV”: “We’re very poor in domestic violence, but we’re very rich in family violence.”

A critical aspect supporting this organizational-level willingness to address DV was participants’ own deeply held personal commitment, often informed by lived experience. Many of the participants shared that one of the primary motivators behind their commitment was learning and healing from their own experiences of DV perpetration, victimization, or both. For others, it stemmed from working in or volunteering with DV agencies. As one leader explained:

I basically was on the original founding board of directors for [name of DV agency] in my community, and I got schooled in some pretty strong fundamental concepts of domestic violence and actually trained, volunteer stuff in those areas. So at [name of FH agency], I made it a point to address those things because the truth is I confronted myself with the reality, could this program really do what it says to do, unless issues of violence, family violence, domestic violence were really addressed? (L2)

As this quote above highlights, some of the participants described having a long-standing commitment to DV; however, when reflecting on the fatherhood field generally, there was a sentiment that such commitment was a newer phenomenon:

So when it comes to fatherhood programs, they’re definitely more open to addressing domestic violence than ever. I think some of that has to do of course with funding entities requiring a domestic violence component, so we’ve seen that for example in the federal fatherhood grants added through the years. So there’s that motivation if you will. But I think their openness also stems from an awareness that it’s important to address this issue in helping some dads to be the best dads they can possibly be. (L4)

Within this commitment to DV, however, there was considerable variation across agencies regarding the ways, and extent to which, it manifested within agency practice and policy. As one example, the depth to which programs collaborated with DV programs really varied from inviting DV advocates to provide consultation on cases and train staff to having them develop and deliver DV content to the fathers in the RFGs. As another example, four participants described how their programs had hired social workers and psychologists with DV expertise to conduct DV screening and assessments, provide individual counseling and referrals to the fathers, and support the RFG facilitators. Finally, at least three agencies have developed or are in the process of developing groups specifically for fathers who are actively engaging in DV, rather than referring them out to other agencies. One participant described the rationale:

And so, what we found is that we’re making referrals; we’re making recommendations, but the men won’t go. They’re not, they won’t go to treatment, they won’t go to therapy, they won’t go see someone, they won’t go to the group. And so, this is how we had some out of the box kind of thinking saying, okay, well maybe if they won’t come to group, is it possible at once, you know,



that we could do a group with them, you know, with the people who are in the group who are labeled as abusers or who have, you know, have that assessment, would they do a group? (L8).

A holistic approach to DV requires resources in addition to commitment. As a whole, participants described a range of DV-related activities happening at fatherhood agencies; however, these activities seemed to be concentrated within agencies that were federally funded by the Office of Family Assistance and, therefore, were required to have at least a basic DV protocol. Based on participant descriptions, these larger agencies seemed to be more holistic and comprehensive in their approach to addressing DV (i.e., assessing for DV and service needs, delivering DV content into group sessions, collaborating with and hiring staff with DV expertise, and offering additional DV-specific programming). As a result, their capacity to respond to DV-related concerns was much greater compared to smaller agencies without federal funding. That said, interviewees from these agencies stressed that, even with the mandate, it is critical to have staff within all levels of the agency championing attention to DV.

Conversely, at smaller agencies without federal funding, the attention they give to DV occurs in spite of their lack of resources—driven largely by the sheer willingness and creativity of a few staff. A facilitator from one of the smaller programs described how his director, who had built good relationships with the local DV agency, asked that the entire staff go through a 40-hour DV training, and provided the necessary support that they needed afterwards:

Yeah, we had to take a day off. We did it all in one week. We did five eight-hour days. And after day two, we said we need to just have the therapist come here and talk. We need to work some stuff out. We had our own therapy session as a staff and then we took the rest of that day off and started again later, because it was very emotional, very hard for us. (F2)

Such intense training, however, was uncommon among the participants we interviewed. In fact, many of them stressed that there is a considerable need for fatherhood facilitators and other staff to increase their own education about DV and ability to respond appropriately. And yet, as one facilitator (F20) stressed, there was only so much programs can do without necessary funding: “there’s a growing number of men who are disclosing being abused as children or as adults and so how do you make sure that that gets addressed, right? And if you don’t have, again, it goes back to capacity.”

Be clear about the purpose of RFGs in relation to DV. Participants were in overwhelming agreement that staying true to the purpose of RFGs was an important support for effectively addressing DV. To stray from that purpose would pose a challenge to what can realistically be accomplished with the men, both in terms of DV education and other program goals. Within this category, two subcategories emerged: *RFGs are not Batterer Intervention Programs* and *DV should not eclipse other necessary RFG content areas*.

RFGs are not Batterer Intervention Programs. Regarding the first subcategory, the vast majority of participants, including DV advocates, stressed that RFGs should not be used as an intervention or treatment for fathers who are currently perpetrating DV or have an extensive DV history that has not been addressed. As one leader explained,

Now as an aside, people have wanted to use my program as domestic violence treatment program, and I am very quick to try and refer those men to domestic violence treatment programs. Unfortunately, they are not in all or even that many communities, including my own. . . . In the absence of anything else I'd say sure, try it, but I would not want to promise the same outcomes as a domestic violence treatment program might. (L2)

Instead, participants saw RFGs as a place for promoting education, awareness, and prevention. And, in fact, they expressed considerable confidence in the potential power of RFGs to meet these goals. As one DV advocate explained in this rather long but illustrative quote:



Batterer's intervention programs as you know, they're all people who have at one time or another decided that that [DV] was a good thing to do. And in fatherhood programs you've got this mixture of people. You've got men who would never think of using violence as a way of resolving conflict in their relationship, or against their kids. And then you have . . . men in there who may have histories and that's what brought them to the fatherhood program. But they're in a group with men with really different experiences, including those who would strenuously argue that violence is never helpful or appropriate. You know, so that feels like the potential of that is really powerful. (DV1)

There was variation, however, in the thinking and procedures regarding how men who are engaged in DV should be served by RFGs. For some of the participants, their agencies had policies that prohibited fathers with active DV situations (e.g., restraining order or DV on their record) from participating in an RFG until they first participated in a batterer intervention program (BIP). In such cases, they will refer men out, typically to a DV agency. As one leader explained:

Yeah, I also think Nurturing Fathers and a domestic violence treatment program is a great two-some. Maybe once they've gone through the domestic violence, this is a great follow-up or somewhere along the way they could start Nurturing Fathers. Because I think we're working on the same continuum. And it would strengthen the father's resolve and he'd be hearing similar messages within the context of fathering. (L2)

For a few others, some fathers with active DV could enter the RFG as long as they were *concurrently* involved in a BIP, and in some cases, receiving individual support from a therapist or case manager. As one of the leaders described: "what we try to do is to make sure that there is constant communication between the case manager and the facilitator. And then what we recommend at programs is what we call a 'system of care approach.'" In programs with this policy, participants described how it was still important to engage in careful screening to exclude what some participants called "hardcore batterers," as these men were seen as not being ready to benefit from an RFG. One of the DV advocates provided this helpful analogy:

Well you know to me, I kind of look at it the way I look at substance abuse. Now, if you have somebody who's on a drug and is just so out of it that there's nothing they can gain from being there, then they shouldn't be there. Send them to a program, help them get sober. But find some way to be able to bring that person back in when they're not actively high. (DV2)

DV should not eclipse other necessary RFG content areas. Although many of the participants see the importance of DV within fatherhood work, they stressed it is not the primary issue for fathers who participate in RFGs. As one leader (L3) stressed: "Domestic violence is not the central issue. It is a very important issue, but the central issue is an economic issue." As a result, participants were clear that DV should not overshadow the other areas and skills that need to be addressed, nor should RFGs morph into BIPs. These two quotes highlight this concern:

I do want to say this, too: this is, again, listening to my colleagues on the fatherhood side, if they have a fatherhood program, they don't want the lens of domestic violence to be larger than the lens of fatherhood. (L7)

So I don't think it's inappropriate to bring it up. It's not gonna be something where we set up a continuing class that always references domestic violence as part of being a father. I don't think it's one of the core values of being a dad is the domestic violence subject, but I do think if somebody is experiencing it or has challenges, whatever, whatever we can do to have them visit



that subject and then have an open door to other services or help or counseling, whatever might help them, then there might be an opportunity there. (F3)

Utilize the “right people” to offer DV education and support. In speaking about what works for them and what they want to see in others, participants described how facilitators and educators need to *engage in reflective and appropriate use of self, convey a common bond, be tuned into father’s needs and situations, and possess a nuanced understanding of DV.* These factors were seen as essential elements of being able to address DV effectively.

Engage in reflective and appropriate use of self. In terms of the first subcategory, participants who seemed to feel the most intense commitment to addressing DV in RFGs described having spent a considerable amount of time not only reflecting on their own DV-related experiences, but also developing ways to use their stories to connect with and educate the men. As one of the facilitators explained:

I always try to use myself as an example. I never use, you know, I don't try to say, “Oh, I know somebody,” or anything, or try to call anybody out in the group, you know, because I was an abuser before I knew what abusing even was, that’s just my own personal story. Did I ever mentally abuse a woman? Yeah. And I’ve been abused, too, like, we’ve done it to each other. . . . And this is why I talk about mine [story] openly because I have to show women and men that people can heal from this. (F15)

Other facilitators and advocates described how sharing their stories of victimization, be it in childhood or adulthood, was a powerful way to personalize DV for the men.

So for them that’s really shocking to them, seeing this person in front of them that appears to have full control over life, you know, came from a fungus, came from a swampland. And still, I tell them it’s a work in progress. Every single day I’m working on myself, you know. So when they ask you to disclose a little more about my past, and the impact that it has on a child when there’s domestic violence in the home, I say the child’s gonna grow up to have a lot of resentment. (DV7)

In some cases, participants strove to model the values, attitudes, and behaviors that they hoped to cultivate in the fathers (e.g., living non-violence, showing vulnerability).

Convey a common bond. The second subcategory to emerge was being willing and able to convey a sense of a common bond with the men. This was often achieved by either sharing their own experiences of violence, as was just discussed, or connecting based on some aspect of their social location (e.g., gender, race, or age). For example, one of the male facilitators stressed how he uses his gender to connect with fathers about DV:

This whole DV thing is not those guys, it’s us guys. And that doesn’t mean I’ve done anything or need to put out that I’ve done, “oh yeah, me too, I did this or that.” It isn’t about that. It’s about what we collectively accept as behavior from each other. And most guys aren’t gonna take a stand because they’re afraid in their soul, who am I to throw a stone because I yelled at my kid. I screamed at my wife. Am I some good guy riding in on a white horse to save you from those bad guys? . . . So that’s my attitude about it to begin with. This is not a you and me conversation. This is a we conversation. (F3)

One of the Native American facilitators described how he sees all Native Americans as his literal family; therefore, he works diligently to foster a bond with the people in his groups:



I got moms over there, I got sisters over there, I got brothers over there that embrace me and love me like a true blood brother, blood sister. I got a few daughters over there. And so, for me, that's, that's how I created a brotherhood. (F13)

Facilitators also can passively convey a common bond, via economic and racial representation:

The person that is facilitating group, the men need to see success in themselves. So, depending upon what community that you would go to, that that facilitator would reflect the community that they're facilitating in, that would be huge, you know, that's a, that's a natural and a very organic connector. (F8)

Another participant stressed (L6) the critical nature of this representation, and how prioritizing it can put limits on the depth to which facilitators can address DV: "Here's the other thing. You also don't want to make the job so clinically based that you change the makeup of who the fatherhood practitioner population is. You follow me?" Another facilitator concurred:

We wanted [DV advocates] to understand culturally what people think about all this. So we discover that some of our better-educated presenters weren't as good with our guys as some of the ones that had more experiences being on the street. . . . The ones that came in like the college professor kind of thing, knew all the information and had a Master's degree in women's studies didn't do as well as the woman working at the [DV] center who maybe didn't have the higher level education, but could talk to the men on a level from having had experiences living in similar situations to where they were living. (L10)

Be tuned into father's needs and situations. According to many of the participants, facilitators and educators who were tuned into the men's needs were better able to tailor the content, their approach, and their expectations—and, thus, more effectively educate the fathers about DV. Participants discussed the importance of tailoring based on the men's age, race, income, culture, and level of knowledge about DV. As one of the DV advocates explained:

As you go forward you may find that the population you're working with have different questions and different issues. And you need to be flexible enough to work your curriculum towards including those things that are most important to the group you're working with. (DV6)

Among the facilitators who work with Native American populations, tuning into culture and spirituality was of particular importance in DV education. These facilitators described how they address DV by first restoring people's connection to their Creator:

We also have to instill in them that there needs to be change, and that really requires some courage to basically turn away from their old habits or turn away from who they were before and really grasp their identity as a Native person, or as a person of some ethnic group, and really understand the history and culture of who they are. And, ultimately, knowing that spiritually, they all come from the Creator. . . . When we approach things from a spiritual level, that's when I start to see a lot of improvement in their understanding. (F16)

Possess a nuanced understanding of DV. Two aspects of nuance were highlighted as important. First, RFG facilitators should be knowledgeable about the patterns and forms of DV, including coercion and control, so that they can educate the men and detect whether these tactics are being used by them or happening to them. That said, some participants stressed that even knowledgeable facilitators need support from staff with advanced training in fields such as social work and psychology.



Second, participants were emphatic that people who perpetrate DV are not a monolithic group and, therefore, should not be treated as such. As one DV advocate explained, “Domestic violence is a continuum. It’s everywhere from a guy that loses it, strikes out, to the son of a bitch who will keep coming till she’s dead.” Instead, facilitators and educators, especially those from DV agencies, need to understand that people who use DV vary in their situations, motivations, willingness to change, and capacity for non-violence. As one facilitator explained:

These guys are anything but stereotypical. They’re all different. I’ve had dads who were 17 all the way up to 77 years old—grandparents taking custody of their grandkids. There is no typical father and not every man is angry or violent. But they’re in there. But you can’t just lump ‘em all together. You gotta kind of love each one of them individually and meet them where they’re at. (F2)

Although participants were clear that change was easier for some people than others, overall, there was a shared sentiment that change was possible for the majority of men they worked with, and that having that lens was an important part of what it took to be successful with them. As one facilitator explained:

I do it over and over again, because it works. I’ve seen it over and over, over 300 guys now in [name of city]. And those guys are doing extremely well. Not all of them of course, because that’s unrealistic. But good God almighty, this program, it works. Having a place where men can go to speak to other men about trauma, about situations that happened in their life, around domestic violence, with themselves, with their parents, with their experiences, and how it relates to their children—wow. (F1)

In addition, participants were quick to highlight gender as another important variation, and that people working with men in RFGs need to understand and address female perpetration. One facilitator (F7) described how his program used to ask the men at intake if a partner had filed a restraining order against them, but not if they had filed a restraining order against a partner. He described how that was “a setup question” and changed the form to include both questions. Another facilitator (F14), who also volunteered at a DV agency, summed up the sentiment: “you really can’t be blinded by one side or the other, you have to listen to everybody’s story.”

Community Level

In the Ecological Model for Health Promotion, the community level refers to aspects of community such as geographical location and interactions among organizations (McLeroy et al., 1988). We focused on the latter, specifically, the interactions among Responsible Fatherhood programs and DV programs because they influence the capacity and willingness of RFGs to address DV. Two main categories emerged, the first representing a barrier and the second representing opportunities of support: “*framework tensions*” *impede collaboration* and *overcoming framework tensions is possible and ongoing*.

“Framework tensions” impede collaboration. The first category focused on what one participant (DV8) labeled as “framework tensions” between the Responsible Fatherhood field and the DV field. Within this category, two subcategories emerged: *differing approaches to men who use DV* and *challenges related to “comparing oppressions.”*

Differing approaches to men who use DV. Regarding the first subcategory, many of the participants discussed how the two fields historically have differed quite dramatically in their approach to working with abusive men, which resulted in feelings of mutual “distrust,” “skepticism,” and resistance to collaborate. To those in the Responsible Fatherhood field, the DV field was seen as profoundly anti-male in its orientation, which manifested as negative labeling of all men (“paint all fathers the same way, which was negative” [DV2]) and a hostile, one-size-fits all approach to men who use violence. As one participant described:



Whenever the subject of domestic violence came up, there was often a lot of tension. There wasn't at that time a lot of collaboration between fatherhood programs and domestic violence organizations . . . So among the fatherhood groups, for example, there was a belief that staff in domestic violence organizations just didn't like men or dads. They just didn't like guys . . . they saw fathers as, generally speaking, dangerous to women and children. (L2)

This view of the DV field was informed to some extent by the approach of batterer-intervention programs (i.e., confrontational and shame-based), which those in the Responsible Fatherhood field saw as antithetical to their own approach to men. Instead, they prioritized a strengths-based approach that saw men, including those who used DV, as complex individuals. As a participant (DV4) explained, the DV movement tended to "demonize men," which led to "pushback" by Responsible Fatherhood Programs because they "have a more complex understanding of the realities of this man, especially low-income men, men of color." He summed it up this way:

My oversimplified joke about it is that the main problem is the DV programs wanted the fathers out and the fatherhood programs wanted the fathers in, right? Of course it's more complicated than that. But I do think there's a lot of tensions still that haven't been addressed (DV4)

In addition, Responsible Fatherhood programs were hesitant to collaborate with DV agencies that were closely allied with the criminal legal system, because doing so could jeopardize their credibility as grassroots agencies in low-income communities of color:

I think one of the factors was we were a grassroots community-based organization that was led by African American leader in a part of [city] that focused on people of color who were primarily African American. And so the DV organization that we began a relationship with, they were viewed as more of at the time a punitive organization that was run by White women and connected to the court. . . . And so that was a concern about that, because our philosophy was, well, we want men who have issues to come through our door. That's the men we want. Because we believe that they can change and we believe they can change not just from accountability but also from support. (F4)

Similarly, people working in DV agencies had serious misgivings about Responsible Fatherhood programs. A notable concern was that these programs did not hold abusive fathers accountable for their actions. According to one participant (DV8), "there was reticence to work with fatherhood organization because there was a feeling that, that we wouldn't focus on accountability. And that strain, and I just felt like we needed to figure out how to get over that."

In addition, there were concerns that Responsible Fatherhood programs "minimized" DV, did not understand the nuanced forms of DV, failed to appreciate the "life and death" nature of work with female survivors, and were not prepared to address DV when it arose in their programs. As a result, DV advocates worried that Responsible Fatherhood programs were either not bringing it up with men or supporting the needs of abusive men over the safety needs of their families: "I think among staff in domestic violence organizations, there was this belief that fatherhood programs might cause harm to women and children by the fact that they were working to keep dangerous fathers connected to the family" (L6).

Finally, concerns about the Father's Rights movement—although different from the responsible fatherhood movement—impeded DV advocates' willingness to collaborate with Responsible Fatherhood programs or even support funding for services for men:

We were also, during that time, dealing with a pretty active father's rights movement, so that was another thing that complicated things. It kind of died down, now it's back up again, but during that whole period a lot of—and that was mostly white fathers, defined by white privilege and white



male privilege and all that. But it felt important, but that was a lot of the energy and the fears were, you know, these men who are challenging a lot of the gains that we had made in the DV movement, and again putting forward their own stereotypes and mythology. So we, you know, a reaction to that was to be suspicious of men who were arguing on behalf of men and who needed services and supports. (DV1)

Challenges related to “comparing oppressions.” This phrase, “comparing oppressions,” which was used by one of the study participants, referred to the tendency from both fields to prioritize certain forms of oppression over others. The DV field historically has prioritized patriarchy and sexism; whereas, the Responsible Fatherhood field has prioritized racism and intergenerational poverty. Many of the DV advocates and RFG leaders reported that this led to a “lack of awareness of each other’s issues” and arguments over which oppression was “worse” and deserved greater resources and attention. Several of the participants who had been involved in the initial collaboration conversations recalled the challenges of trying to give equal attention to sexism, racism, and poverty. One DV advocate explained:

To even lift up the real experiences of men of color, how threatening it was, and how easy, how important it was to recognize that, how powerful the mythology that men of color are violent. So that’s what the whole group of men, particularly men of color were fighting against, were pushing back against. And then we [DV field] were insisting that violence be recognized, that the violence that some of these men were committing against women from these same communities and children from these same communities, the tension—how to do that without feeding stereotypes? How to acknowledge violence and the importance of safety without feeding these very powerful stereotypes that these men felt very personally as well as saw, you know, in all aspects of everything? (DV1)

One of the DV advocates, who reported having a long and productive partnership with a Responsible Fatherhood program, described the need to overcome these tendencies:

We had to agree very early on that we would never compare oppression. We had, that had to be an early on agreement in our conversations, because they were, I mean, just because of the history of both movements, when we come to the table, frankly the domestic violence world we’re coming many white women to the table, and they’re coming many black men to the table. (DV3)

This quote highlights how the tendency to compare oppressions was fueled to some extent by the members’ own differing social location and lived experience. DV advocates of color, however, reported having a much easier time holding an intersectional lens. As one participant shared:

I come to work with my whole self, and so I’m an African or Black woman doing this work, and . . . I see all of my response in a continuum, so, for me, I have to deal as much of my father, my nephew, my male cousins, as I do with my mother, my sisters, and my nieces. (DV8)

Overcoming framework tensions is possible and ongoing. This second category reflected participants’ perceptions about their own individual movement toward increased understanding and collaboration as well as that of the DV and Responsible Fatherhood fields. Participants described how, although these framework tensions have persisted, they have lessened in intensity over time and are by no means insurmountable. Three subcategories related to how to overcome these framework tensions emerged: *finding areas of common ground*, *building personal relationships*, and *engaging in mutual education*.



Finding areas of common ground. Participants identified the importance of finding “common ground” in order to connect the work of Responsible Fatherhood and DV programs. Although some participants described this process as tumultuous, the two fields are actually “working toward[] the same cause”:

There should be no tension or animosity and if there is, it needs to be worked out, because we're working toward[] the same cause. The last thing we want to do is promote DV in any way or turn fathers back to families who are dangerous or violent. Very clear to me that we are working on the same cause as domestic violence programs. (L2)

Many of the participants stressed that focusing on DV prevention, rather than just on response, would inevitably lead to collaboration. As one participant explained:

I do think there's common ground because none of us, you know, want to have a situation where there's abuse going on, and if we can, you know, educate our dads in an effort to prevent it from happening, you know, we're gonna do that. Because you can't, you know, we're talking about healthy living arrangements, not unhealthy living arrangements. (L6)

Several DV advocates talked about how important it is for DV programs to work with men and the programs that serve them; otherwise, they were “shortsighted” and only addressing “half of the problem.” One DV advocate offered this advice to other DV advocates:

If we can work with a population that is more likely to be an abuser to prevent them from becoming so . . . that's really the only way that we can work toward ending domestic violence in general and seeing fewer victims. So, one, don't be afraid to work with men, and, two, working with men is the way to prevent domestic violence. (DV10)

Focusing on children, specifically improving their outcomes and breaking the cycle of violence, was another area of common ground that could unite DV and Fatherhood Programs. One DV advocate (DV7) described how a shared interest in helping children was one of the factors that brought about her program's collaboration with the local Responsible Fatherhood program. Another DV advocate (DV6) shared that collaboration is “extremely important, because this is about creating a better future for the children.” According to one participant:

I ask them for their help. I explain what I'm trying to do, Okay. How do we begin to build a family unit that does not have domestic violence going on in it? And these are the ways that I approach people. I don't approach people like I know everything. I approach people asking for some help, and I will start with the kids. Our kids will fare better if they grew up in an environment where there was no domestic violence. How can you help me with this? (L3)

A final area of common ground was recognizing that the two fields essentially serve the same population (i.e., low-income families who face tremendous hardship and high rates of DV). Thus, they must work together in order to “start to put a dent into it [DV]”

Obviously domestic violence affects everyone across the socioeconomic broad spectrum. But people that end up in fatherhood groups are often people that have been mandated by the court. And they're people who definitely have had situations in their lives where there've been court involved, criminal justice involved—not in a good way. Poverty, lack of education, lack of resources, has a lot to do with where they find themselves. And it does with the women in our care. We don't deal with upper-middle-class women who have access to psychological health that's paid for by their insurance. And also they have a bank account that allows them to flee on their



own. You know, we end up with those people who are desperate and need our help financially as well as emotionally. (DV6)

One fatherhood leader described how understanding the overlap in their populations was a key to success for his program's collaboration with the local DV program:

What we both agreed on was that no victim of domestic violence, be it women or children, should be exposed or subjected to DV. . . . The other thread was we were working and serving clients from the same community. So it would make logical sense for us to come together to figure out, how can we work together to support one another, while still maintaining our identity and integrity of who we were, but also being open to potential change that could be beneficial to the families we both serve. (L7)

Building personal relationships. The second subcategory connected to overcoming tensions was relationship-building between DV advocates and fatherhood practitioners. In some cases, participants described how pre-existing friendships were the catalyst for the collaboration; in other cases, these friendships developed along the way. As one DV advocate who has written on this topic explained:

In every case, the people that, where the work was going the best or was going well, they had a relationship. The head of the fatherhood program and the head of the DV program had some kind of relationship. In one, in a Black community, they both went to the same church. Right, so they knew each other. They're dealing with the same families. . . . In another one, they were cousins or something (laughs). You know, so clearly they knew each other. (DV5)

This participant went on to say that these relationships were so critical because they facilitated the "deep mutual trust" necessary for overcoming tensions and reluctance to collaborate. In other words, "I can learn from you because I don't have to protect my folks [staff and clients] from you" (DV5). Other participants echoed this sentiment, describing how it was important to get to know one another to learn about more about each other's understanding of DV, racism, and poverty, as well as their motivations for the work.

It was very clear to me as I began talking to [name of Responsible Fatherhood leader] that he had a story and he was doing this work out of a real, a place of a great deal of care for the community, understanding for the community and care about the community, the men in the community, and also cared about the women and children in that community. So that allowed us to have conversations that were very different. (DV1)

Building personal relationships was also critical for sustaining the collaboration over time. Several participants described how collaborations suffer during times of staff turnover: "some of the relationships with the fatherhood programs in the city is not the same; we don't have the level of relationship with them right now because a lot of us in flux" (DV8).

Engaging in mutual education. Many of the participants described how people from both fields needed to learn about each other's work and the challenges that their different clientele face. Some of the participants discussed how, historically, this sort of learning was often "a one-way street," that is, Responsible Fatherhood programs have received training from DV programs, but not vice versa. As a result, there was a sense that DV programs are uninformed, and thus need to learn, about Fatherhood programs and the men they serve:

This is what I think: I still don't think that the DV community has an appreciation of the diversity associated with fatherhood programs. I just don't think they do, you know what I mean, because



I don't know why they resisted it at the level that they have, but see, by not understanding totally what these fathers, who these fathers are—'cause I'm not sure they do—and how these programs operate. . . . They don't have the whole picture, you know what I mean? (L6)

Another participant (DV3) argued that, “domestic violence agencies have to get to a place where they understand the incredibly dangerous and violent communities that some of these fatherhood programs are working in, and all the trauma that comes with that.”

This participant went on to say how DV programs “also have to challenge fatherhood programs to say, but that's not an excuse for violence in the home.” This quote reflects other participants' thoughts on how Responsible Fatherhood programs need to learn how to respond effectively to DV among their clients. But, as one DV advocate explained in this long but illuminating quote, mutual education is necessary before developing any sort of response:

Fatherhood programs need to get themselves taught about the DV 101, basics of domestic violence. But also learning about gender and gender roles and issues. And I am not advocating that we go out and try to make fatherhood programs into a hotbed of feminism. . . . They just need to learn about what domestic violence is so they can understand, they can feel it, see it, and know what to do when they encounter it. . . . I think the DV folks have to learn about poverty and how gender impacts low-income men in poverty, and how the child support system may negatively impact families, and what street violence is about and what's going on in people's lives and unemployment and racial discrimination. (DV5)

Policy Level

In the Ecological Model for Health Promotion, the policy level refers to local, state, and national policies that can help or hinder behavior change (McLeroy et al., 1988). Two categories emerged at this level: *funding priorities influence capacity and collaboration* and *policy mandates related to DV have the potential to lead to adaptive change*.

Funding priorities influence capacity and collaboration. Many of the participants also discussed how the overarching policy context of funding priorities influenced RFGs' capacity for DV work and collaboration with DV agencies. The issue of capacity was mentioned earlier at the agency level in terms of how, in order to address DV, there is a need for an alignment of resources and commitment. In addition to those challenges, participants stressed that another major barrier is the overall lack of funding for programs that serve low-income men and boys. As a result, Fatherhood Programs, which are themselves underfunded, are put in the position of helping men with an impossibly long list of needs, many of which could have been prevented had there been ongoing support for them when they were younger. One participant explained:

When you talk about teen parenting dollars, those teen parenting dollars are at least a thousand to one: a thousand dollars towards a teen mom and one dollar to every teen dad. Yet if they make a mistake like hit someone, [pause] we don't teach them how to drive but as soon as they have an accident, we point fingers at them. And it's just wrong. (F10)

When available, funding is important not only for program delivery but also facilitating collaboration between the RFG and DV fields. Without funding, programs cannot afford to devote time and energy to building relationships and joint ventures. Many of the leaders and DV advocates described how federal funding and foundation grants were the reason for the initial partnerships that developed in the late 1990s and early 2000s, and that these partnerships often ended when the money dried up. They also discussed how the zero-sum nature of the funding landscape means programs have to compete for scarce resources. This one participant quote highlights both of these challenges:



[DV agencies] are trying to advocate for resources to maintain those programs, so expanding that [advocacy for FH agencies], was a little tense initially. And most of those, the fatherhood organizations no longer come to policy task force meeting. It's a capacity issue; we just don't have the space, the funding, the staffing or any of that. So anyway, that's just an aside, but that's another tension is the lack of resources. And not that domestic violence organizations have resources, but at least we have like a line item budget and some other things that at least helped with some infrastructure and that wasn't the same for fatherhood organizations. (DV8)

Policy mandates related to DV have the potential to lead to adaptive change. Some of the participants discussed how the mandate for OFA funded programs (i.e., that RFGs must develop a DV protocol to qualify for funding) has been a helpful support in moving the field toward an increased awareness and commitment to DV. For some programs, the mandate was the catalyst that ushered in a rethinking of beliefs and attitudes about the role of DV in RFGs. However, several of the participants stressed that the mandate, in and of itself, is not a guarantee that all Fatherhood programs are open to radically transforming how they approach DV and integrate it into their ongoing work. In fact, one facilitator even went so far as to say that some programs only do what they have to in order get the funding. Another participant, in reflecting on the fatherhood field generally, provided this summary:

Yeah, I really think that the fatherhood field has to pay attention to domestic violence in a different way. Being female and also being, a victim, and a survivor, and a thriver, I watch fatherhood, other fatherhood grantees, colleagues that I know across the country or whatever, or just the fatherhood field as I look at it—it, it's, a little short, you know, in how we address domestic violence. 'Cause some people just, you know, they'll get a consultant in, and they're like, "oh yeah, they come in and teach little classes." And I'm like, "you gotta dig deeper than that," you know. (L8)

Aim 3: Strategies and Approaches for Addressing DV in RFGs

Participants described using a variety of strategies in their efforts to address DV with men who participate in RFGs. Taken together, these strategies coalesced into the following four overarching approaches: *combine cognitive and affective educational strategies to change norms, attitudes, and behaviors; embrace a framework that balances empathy and accountability; provide a safe space for DV discussion and disclosure; and harness men's desire to be a good father.*

Combine cognitive and affective educational strategies to change DV norms, attitudes, and behaviors

Participants overwhelmingly discussed the importance of engaging men both cognitively and affectively in order to promote learning and behavior change. As one participant (L5) explained: "You just can't say don't do this. Don't hit, don't hit. They all know that. They all know that. So I said, knowledge does not change people. You gotta make them *feel*." Three subcategories emerged: *offering interactive DV psychoeducation, personalizing DV victimization to increase empathy for female survivors, and engaging in "deep work" to connect trauma and DV.*

Offering interactive DV psychoeducation. One part of psychoeducation involved didactic teaching methods that focused on men's blind spots regarding DV: prevalence, different forms, patterns and dynamics, risk factors and red flags, and barriers to leaving. For example, a common activity is to review the Duluth Power and Control Wheel (Pence & Paymar, 1982), a seminal DV education tool that outlines the forms of DV, with an emphasis on the role of coercive and controlling tactics. Several participants mentioned the need to teach fathers about their legal rights related to DV as a way to protect them from abusive partners or mistaken arrest. Finally, the majority of participants

delivered content about related topics such as healthy relationships, healthy communication styles, and healthy "home environments," which were often set parts of the curriculum. One participant described how his agency developed a "creating a safe home" brochure, which served as a "low-intensity resource" to educate fathers about DV.

Participants were in overwhelming agreement that any didactic teaching must be paired with opportunities for reflection, discussion, and skill development. One participant (DV9) described a "values exploration exercise" that is used to educate men about healthy relationships. The first part involves fathers looking at their values and clarifying what they want in a relationship and "what they would do if they don't receive that." The second part involves creating dialogue to understand each other's perspectives, which allows participants to understand how their values can be used to justify violence.

This participant went on to describe that the exercise includes discussing strategies men can take to avoid either being abusive to their partners or getting involved with an abusive partner. The majority of participants echoed the importance of giving men practical tools and techniques that they can implement, especially related to anger management and conflict resolution; as one participant (F11), explained, "there are so many different dynamics where, where a man's emotional intelligence may not have developed to be able to face conflict effectively." Another participant (L3) described that he focuses on helping the men "to understand what is domestic violence, how to recognize their anger as it is escalating, how to deescalate their own anger. With our curriculum content, we put it straight on the men that they are responsible to prevent domestic violence." One specific strategy is to have the men share moments when they used violence or abusive behaviors toward a partner and then reflect with the group "what would I do again if I were faced with this situation tomorrow" in order to "prevent, you know, the past relation of conflict in such a way that could lead to domestic violence." Another participant described teaching the men grounding exercises such as deep breathing to help them regulate their emotions.

Personalizing DV victimization to increase empathy for female survivors. Participants described how, given some of the men's negative attitudes and beliefs about women and DV victimization, it was often necessary to move the conversation from the abstract to the personal, essentially "adding a face" to the issue. One strategy was having the men engage directly with female survivors, either speakers from the community or staff willing to disclose their experiences. One participant explained how sharing her story had a profound impact on the men's conceptualization of DV and who experiences it:

It's really interesting just to, you know, watch their—'cause it's kind of like, they know that I'm in charge, right, so then they're like, "What?" And then, you know, and they're like, "What, you? Like, you're the person that's in charge, that's not supposed to happen to the strong woman that we perceive is in charge," right? (L8)

She and others stressed that it is especially important to allow the men an opportunity to ask the speakers candid questions about their experiences (e.g., "why did you stay?") in order to debunk some of the stereotypes that they hold about survivors and foster "some empathy for women who were going through this." Another strategy was to have the men think about DV in the context of their female relatives, which elicited intense emotional responses. As one participant (F5) explained, "Then we flipped the script: would you believe your mother if she told you? Would you believe your sister if she told you? And it automatically, the room got all, 'wait a minute, wait a minute!'" This participant went on to say that he feels strongly that this exercise has the potential to "change some perspectives" and "open up some kind of consciousness of what you're doing and who you're doing it to." Likewise, a few other participants used that strategy to foster respect for women in the context of DV and generally:

So for example, a guy says, whether it be in a domestic violence situation, well, "all women are bitches." "She was actin' like a bitch," excuse my language. So we'll say, "you know what, is your



mother a bitch?" No. "Is your aunt a bitch?" No. "Would you call your daughter a bitch?" No. "Then why is she, the woman that you abuse, a bitch?" Have them come full circle with it so they can understand the empathetic piece to it.

Engaging in "deep work." Deep work was intended to help the men connect their traumatic experiences with their attitudes and behaviors related to DV. As has been discussed, participants talked at great length about the various forms of trauma that men in RFGs have endured, with exposure to DV in childhood mentioned most frequently. According to many of the participants, an important strategy they use is having men recall those traumatic memories from childhood through affective learning activities and then discussing them within the group. Doing so can help men unpack the source of their own abusive behaviors and trauma and begin to take ownership of the impact their behaviors have on their children. One participant described:

We're trying make them better parents, and the only way you can do that is through this kind of self-examination, Socratic way of looking at, at your past and looking at you and not blaming other people, but seeing if there are systemic things in your family—in your family's history. Mom got beat, you did nothing, how did you that feel about that? You got beat, mom did nothing, how did you feel about that? And for them to see the link and that's, that is the, the point of the whole lesson is to personalize to the point that you can see, that you can see yourself here and how does that relate to you going forward. (F14)

Participants described a variety of activities that engaged men in "emotional" and "direct" ways. These included using targeted questions to get the men to reflect on their childhoods (e.g., "what was it like living in your house," "who raised you and how was your relationship?"), presenting detailed scenarios in which children of various ages witness abuse, listening to 911 calls from children witnessing DV, and showing movies and documentaries about DV.

[We] show a film of children who have been interviewed about domestic violence, what their mothers have been through. And one film, the child says he's tired of the monster that keeps hurtin' his mother. And he says he wants to kill the monster that keeps hurtin' his mother. Blows all our minds, because the monster was the child's father. You should see, you can hear a pin drop in the room. (F5)

One of the DV advocates described an activity that they felt would be very useful in RFGs. Developed for batterer intervention programs, the activity involved showing the drawings of children who had witnessed or been exposed to DV.

I think one of the most effective things of those drawings is that they bypassed the mental part of it and went to the emotional part directly. And I saw men react very strongly, basically it was a way to help men realize that what effect of violence has on children. . . . It became a very effective way of engagement for the fathers, integrating those drawings. And we added an extra exercise that was for the men to do drawings themselves about how they felt their children saw them. . . . It's the beginning of the journey of change for many of them. Not all of them, of course, but for some of them, yes. (DV4)

These activities often elicited strong emotional reactions and "aha moments." Several participants described how some of the men were moved to tears ("sometimes, a few times, I see fathers crying there because they have a very touching feeling about the way they grew up, and they want to do better" [F9]). Some men even have to leave the room:

As they see the link between their past and the trouble and the violence that was either visited on them or that they observed, witnessed as children. And we see them actually making that connection in front of us. And it sometimes can be a very difficult bridge for them. Some of them



will actually leave the room and then come back later and say, you know, I was just having a moment where I was recognizing what happened in my own life. . . . So they absolutely connect with the effect of violence on their children, because they start to understand it from the perspective or the fact that it had on them. (DV6)

Given these intense reactions, a few of the participants were hesitant to dive too deeply into men's trauma; they worried that doing so would lead to a situation they could not handle, especially among those without the necessary clinical staff to support them:

No, because what happens then if we start to ask those, you know, I'm not a clinician, so what happens is that, if we start to uncover those wounds, and especially around childhood trauma, that sometimes I mean, what will happen is I don't want to open up a wound that we can't close. I don't want to send somebody out of my group about co-parenting and back out into the world open and raw and kind of ruminating about all of the bad things that happened to them as children. (F8)

This concern aligned with another participant's sentiment about trauma-informed approaches:

I am a believer and a firm advocate that when you are working with families in this day and age you need to have something that looks like and sounds like it's trauma-informed. I think that the men and the women and the children that we provide services to have been traumatized in very different ways at very different levels before, during, or after we have the chance to work with them. (F20)

Although the majority of comments focused on unpacking the trauma of childhood DV exposure, participants also discussed unpacking the trauma associated with internalized hypermasculinity and how that connects with DV. For example, one participant (F6) uses the story of the Tin Man from *The Wizard of Oz* to help men connect with their emotions: "He already had a heart. He already had feelings. It just had to be identified through the story and experiences that, wow, I am human. It's OK to cry. . . . It's OK to feel and men do have feelings."

Finally, most of the Native American participants connected historical trauma with DV and used culturally specific strategies to promote healing and identity restoration. One participant described seeing a "powerful change" with "sweat lodge ceremonies, through our talking circles, using cedar, sage, sweet grass, tobacco, the four sacred herbs that Native Americans were blessed with from Creator."

Embrace a framework that balances empathy and accountability

There was overwhelming consensus that effective DV education in RFGs requires a balance of empathizing with the men while also holding them accountable for their actions. According to participants, an empathetic approach involved conveying genuine care, concern, and respect for the men. One participant (L5) explained that it was the most important aspect—more so than academic degrees and experience: "You must first of all truly love the people whom you serve. That is critical, because they can tell within a matter of minutes if you can care for them or not. That applies to anybody." This participant went on to stress that the men are more likely to listen and absorb what is being taught to them when they feel loved and supported.

Being empathic also means actively acknowledging the factors that have influenced men's attitudes and behaviors. Many participants stressed that men in RFGs are often victims of various forms of violence and trauma; thus, it is important to acknowledge not only their perpetration but also their victimization:



Because I believe in the goodness of people, I don't believe that people are malicious and evil at their core. I believe that people are good at their core; it's just because of their experiences that kind of shape their reaction to the world around them and to their relationships, so they would need to hear that they are victims, too. (F8)

Several participants, especially from Native American programs, stressed the importance of understanding that men needed to learn how to forgive themselves for their abusive behaviors, and “that they're also responsible for asking for forgiveness from their victims.”

Participants were clear that “understanding” should not equate to “agreeing” or “condoning” men's violence and other harmful actions. One participant explained how it is important to be transparent that the program would not tolerate DV but was fully committed to helping men figure out how to change for the positive:

We were coming from a perspective of a pathway to change. Not trying to get them to overlook or to lie about the reality of their past history or their current history. But they knew we wanted the best for them. And I think being in an environment where there was not just accountability but support was key. So we didn't say well, you've engaged in this behavior in the past; get out of our program, out of our building. We said, well, that's not acceptable. And you have to make changes so that you can continue to grow and be a part of our program. (L7)

One strategy for promoting accountability involved fostering an internal sense of agency and empowerment to combat men's feelings of helplessness in the face of systematic and interpersonal power differentials. One participant uses the term, “self-personal power”:

So I do a lot of work when I talk about trauma and domestic violence, this thing called self-personal power, and I explain it to these guys in a way that this is power that you own. Doesn't belong to anybody else. This is something that you can choose to give it away. You can choose to keep it. This is your own self being. And once you learn to control it, life will seem a lot easier. Whenever you have a negative entity, a negative situation, a negative person in your life, if you allow that negative person or negative entity to change the way you feel at that moment, you yourself—not the entity, not the person—but you yourself have allowed to give your personal power a little bit to that entity, to that person. (F1)

Other participants described a similar strategy, which involved zeroing in on men's power to control their responses to situations, even when they could not control the situation. Although this came up in relation to systems, it was also discussed in terms of female partners. One of the participants described how she talks with men about this issue:

You have to not let your buttons be pushed. You have to walk away. You have to get out of the home. You have to leave. You have to not be violent. . . . Many of the men have been incarcerated. We know that they've had these problems and that we have to acknowledge that the criminal justice system may be stacked against them. But then again, they were the ones that lifted their hands to another person and they have to not do that anymore if they want to be in their children's lives. (DV6)

Essentially, this strategy can help to move fathers from merely venting about their situation (“it's easy to slide into victim stuff and whatever”) toward feeling like they can do something about it.



Provide a safe space for DV discussion and disclosure

This category referred primarily to emotional safety and was related to fathers' reluctance to recall traumatic memories and shameful feelings as well as their fears of being judged and labeled. Two sub-categories emerged, which delineated the approaches participants used to facilitate safety and enable these difficult discussions: *avoid judgments and labels* and *develop trust and supportive relationships*.

Avoiding judgements and labels. This strategy was mentioned by many participants as a prerequisite for having these conversations with fathers. One participant was proud of her agency's success at engaging men without labels or pre-judgments. Instead of addressing fathers as perpetrators, they stressed a common effort to address DV:

One of the things that Women's Center does really well is they don't make men feel like all their behavior is wrong . . . there were often times when I came in to a training or a conference, and right away, what was put out there is women are the victims, men are the perpetrators. And that kind of dynamic wasn't gonna work in our nurturing fathers program. It had to be we are here together, men and women, to solve the problem. (L10)

A facilitator noted that avoiding blame and labeling, "protecting" men's egos, not only elicited gratitude, but also helped the men to hear the information about DV:

They'll say, hey man, you know, you really opened my eyes, I never saw that. I never knew that. Or they come and approach me or the women of the facilitators and they'll say, thank you for, you know, protecting, you know, our egos, protecting us and putting us in a place of vulnerability where we don't have to be ashamed. So, that's some of the things that I do hear in my observations of what I've seen. (F11)

An important aspect of cultivating a non-judgmental environment was limiting the focus to fathers' behaviors, instead of fundamental aspects of their character. As one participant (F8) said, "they need to understand that, you know, and they're not monsters, you know, they're just good people that make bad decisions." Another participant echoed this sentiment, stressing that avoiding labels and focusing on behaviors are interrelated:

It's hard to go into a space and say, you know, you're all a batterer, let me tell you why you're a bad person, versus understanding that there are experiences that happened to you for whatever reason, the way that you're, you interact with power is with behaviors that could abuse and control another person, and that're harmful to another person, and we always just try to use person-first language when possible and really focus on the behaviors because I think that builds some trust and understanding. (DV 10)

Facilitating a non-judgmental environment was particularly important given the stigma and shame that surrounds male DV victimization. Many of the participants noted that fathers should be able to feel comfortable disclosing their experiences, and that RFGs were often the only place they could actually do so. A participant described using a question-and-answer session with women from the community to facilitate this type of disclosure:

They can choose any question they want. . . . This is where sometimes a lot of disclosure regarding females being in the position of being an abuser to a male, but it's, it's a very comfortable way for them to be able to talk about it in a way that won't be, they won't be laughed at or scorned or anything because of the way that they're asking. (L8)



Developing trust and supporting relationships

One facilitator (F17) felt that shaking hands, as a form of physical connection, was an essential way to instigate connection at the outset of the relationship: "There's something about human touch that changes the relationship. And shaking hands is an appropriate form of touch. And it's always an option, but I've never had an adolescent or an adult refuse to shake my hand when I extend it."

Another facilitator described establishing a relationship of trust as a necessary precursor for fathers' willingness to share their stories and connect with deep pain about their histories of DV perpetration and victimization:

One of the things that stands out for me, once we develop that relationship of trust and the, the shame and the guilt comes out, and you can see the sincerity in people who really get it, and, and identify, and as a facilitator . . . you can see the stirring of the spirit, as far as I call it, where people are actually saying, you know, I relate to this and I can identify with it, and then you start to see, when they start to share the stories, men actually start to break down and cry. (F16).

Developing trust was seen as important for facilitating not only self-disclosure and emotional release, but also positive discussions with peers in the group, conversations about DV with their own families, and inquiries about other supportive services:

After the domestic violence and trauma talk, after this relief of having a safe place to talk about these things. And sharing that their new experiences, after they divulge what they have, they go back and have these experiences with their family, and say so much has changed because of, and they'll explain. 'And I feel like I can do this now because I had this space to go to, because I can talk to you guys about this, because I called the phone number you told me, or I reached a therapist or I'm on medication.' (F1)

Harness men's desire to be a good father

This strategy was widely endorsed by participants, who tended to view men's desire to be a good father as a fundamental element in men's motivation for moving forward. As one participant (L3) said, "fathers love their children. Fathers love their children just like mothers do. But they must have an opportunity to be involved and interact with their child in order for their love to nurture and grow." Some participants perceived an evolution in the fatherhood role toward more active and involved parenting, away from the more detached roles of provider and disciplinarian:

One of those points of optimism is the young cohort of fathers that I'm meeting are so much more naturally oriented toward being involved father. That fatherhood definition of old, which is just the breadwinner and heavy-handed discipline has really morphed into a much more overall holistic involvement, where they're present at the birth. They see themselves as partners in parenting. (L2)

Many felt that fathers who participated positively in the program share a common desire to be a better father and to improve relationships with children:

The people who participate in this, they're motivated for many factors. But the one commonality is they want a better relationship with their children, number one. Number two, they don't want their children to make the same mistakes that they made. And so it then means that they are trying to be educated to be better fathers. (F11)

In addition, many participants felt that framing difficult issues such as DV in terms of the impact on children helped fathers overcome resistance to the conversation and be more open:



I believe the fathers are more open to talking about each topic when it comes down to talking about their children. So, 'I don't wanna talk about me and domestic violence as a dad, as a man, but I will be open to a conversation about making sure my child doesn't have to experience it and what do I need to learn.' (L9)

Another participant echoed this sentiment, stressing that fathers are much more likely to discuss DV when it is connected to their children compared to when it is connected to their partners:

The tendency, and this is particularly with the fatherhood groups, is you tend to have less conflictual relationships when you're talking about the father and the child than you are when you're talking about the father and the mother of the child. You can get into a very deeper place with the guys when you can relate it back to the well-being and the development of their children And so even the context of domestic violence can then be put into the context of what's in the best interest of the child. (R20)

Reducing father's resistance and defensiveness was seen as important because it allowed for them to absorb the full impact that their DV behaviors have on their children:

When we do bring it up, we allow them to see the negative impact it might've had on them because we're always bringing up their children, and how you know they always want better for the child. And that's part of not exposing them to that DV, so that's how we kinda turn the tables on that. They need to know that it's not normal. (F12)

In some cases, participants felt they needed to remind or underscore the powerful role that fathers play in their children's lives in order to help them better make those connections.

I tell the fathers and the mothers, as the co-creators of your children, you are either a blessing to them by working, praying, setting good examples, showing love and acts of kindness, really investing, being devoted to them. If you're not a blessing, then you're a burden. (F13)

Discussion

The purpose of this study was to conduct an in-depth exploration of the extent to which RFGs address the issue of DV by focusing on the content of their curricula and stakeholders' perceptions of best practices, barriers, and facilitators. As one of the few studies to address this topic, our findings represent an important contribution to the field. Below we discuss the key findings that emerged, organized according to study aim.

Aim 1: DV Content in RFG curricula

Our content review found that none of the four core RFG curricula (24/7 Dad:AM[®], the Fatherhood Development Program, Nurturing Fathers Program, and Fatherhood Is Sacred[®] & Motherhood Is Sacred[™]) included explicit attention to domestic violence. In one case, the decision to avoid the term "domestic violence" was intentional, because of its potential to make fathers feel defensive and labeled. The perception that this term is too problematic to use with the fathers because it is associated with "very bad men" came up quite often in the interviews. This finding underscores the need to either reshape societal perceptions of the term through education about the nuance of DV (i.e., variations in perpetrator demographics and severity of violence), or move toward adoption of a less "loaded" term such as "intimate partner violence." Doing so may facilitate fathers' honest self-disclosure and deep self-reflection within the context of RFGs as well as increase their willingness to engage with DV programs.



Although none of the core curricula addressed DV specifically, each contained content and concepts that could be used as windows into addressing DV. The Nurturing Fathers Program's focus on "power over" versus "power to," was most reflective of DV education because of how closely it mimics the concept of coercive control. In addition, three of the four core curricula had accompanying supplemental content that specifically addressed DV, although they varied in format and depth. For example, the developers of 24/7 Dad: AM® created a very comprehensive supplement called Understanding Domestic Violence™ that contains booster sessions that can be added into the core curriculum. One challenge with this and the other supplements described is that facilitators need to know about them, which was not common, and be willing to use them, which varies across individual RFG facilitators.

Aim 2: Barriers and supports to addressing DV in RFGs

We found an array of entrenched, but not insurmountable, barriers to addressing DV in RFGs, as well as many compelling supportive factors. The fathers who attend RFGs were described as being profoundly multi-stressed; they struggle under the weight of histories of unresolved trauma, ongoing community and interpersonal violence, labelling and unfair treatment by systems, a lack of opportunities due to racism and poverty (intrapersonal level), and social networks that reify hypermasculine attitudes, norms, and behaviors (interpersonal level). Together, these factors coalesce into formidable barriers that affect fathers' receptivity to the topic of DV, including their willingness to discuss DV and disclose their own DV experiences.

At the organizational level, the overarching finding was that RFGs and the programs that offer them need a mix of funding *and* individual dedication in order to address DV in a holistic and authentic way. We found that smaller, less resourced agencies were limited in their capacity not only to infuse DV content into their curricula, but also offer other DV-related services and supports. The DV work that they were able to do was often due to the sheer willpower of a few dedicated staff whose passion for the issue stemmed from their own lived experience. Larger agencies that received federal funding from OFA had much more capacity to address DV, but they still needed dedicated staff to take on the issue for it to be done well. Likewise, we found that the OFA mandate requiring Responsible Fatherhood programs to have a DV protocol was helping to bring about adaptive change within some programs, but was seen as not sufficient without continued attention to changing norms and attitudes (policy level).

At the community level, participants described deep seated framework tensions that have hindered collaboration and cross-pollination between the Responsible Fatherhood field and the DV field. These tensions have centered on how to work with men who use violence and differing ideas of which oppression to prioritize (i.e., sexism versus racism and poverty). These barriers to collaboration pose a major challenge to incorporating DV in RFGs because the content and method of delivery must be informed by each fields' expertise. Luckily, there has been progress in overcoming these framework tensions over the years. There is a need for ongoing relationship-building, mutual education, and finding areas of common ground to support this trend.

Aim 3: Strategies and approaches for incorporating DV into RFGs

We found a variety of innovative and thoughtful strategies for effectively incorporating the topic of DV into RFGs, and participants provided specific examples for each strategy that other RFGs might consider adopting. First, one strategy is to utilize educational strategies that combine cognitive and affective approaches. This would involve delivering interactive psychoeducation about the dynamics of DV and its impact on children with providing supportive opportunities to interact with female DV survivors. This strategy also included the use of "deep work," such as engaging fathers in "unfreezing" activities that affect them emotionally (Cummings, Bridgman, & Brown, 2015) and highlight connections between DV and their own traumatic experiences (e.g., childhood exposure to DV). The second strategy—embracing a framework that balances empathy and accountability—reflects the use of participants' strengths-based approach. Participants described the importance of conveying genuine care and respect for fathers,



remaining cognizant of the larger context that fathers experience (e.g., discrimination and violence), and empowering fathers to take control over their internal and external responses. Providing a safe space for DV discussion and disclosure, which was the third strategy, was very much connected to fathers' trauma histories and fear of being judged. This strategy included avoiding the use of labels, focusing on fathers' behaviors rather than on their characters, and building trust among the group members.

Finally, the fourth strategy involved harnessing men's desire to be a good father. The general sentiment was that fathers are more willing to discuss DV and change their attitudes and behaviors about DV when it is connected with the negative impact it can have on their children. In some cases, the first step is teaching or reminding fathers about the important role they play. Doing so sets the stage for highlighting the dissonance between what they want for their children compared to what they are actually doing to them. Each of these four strategies highlight the importance of being profoundly aware of fathers' lived experiences and intersectional identities.

Study Limitations

The primary limitation of this study is that, due to the exploratory nature and small sample, findings cannot be generalized beyond the participants we interviewed. Thus, the study is in no way representative of all fatherhood programs, fatherhood practitioners, or DV advocates. In addition, using purposive and snowball sampling inevitably introduces a considerable amount of bias into the sample. Specifically, it is possible that people who are not interested in, or are even resistant to, addressing DV in RFGs were either not referred to us or chose not to respond to our inquiries. In addition, it is possible that even those with an interest in the topic censored their comments to be more socially desirable. There were, in fact, two participants who mentioned trying to be "politically correct," despite our instructions at the outset of the interview that there were no right or wrong answers. Furthermore, we included only a handful of curricula in our content analysis. It is possible that other curricula explicitly mention DV. We attempted to balance that limitation by including the most frequently used curricula—information we gathered from multiple stakeholders in the Responsible Fatherhood Field.

Implications for Practice

Results from the current study have several important implications for practitioners from the Responsible Fatherhood field as well as the Domestic Violence field.

- Findings support the integration of DV-specific content and activities in core Responsible Fatherhood curricula, rather than relying on optional supplements. Doing so would lead to more consistent practice and increase their potential for more widespread DV prevention. Given the pressure to cover many essential topics within a span of a few sessions, it may make sense to add a session to existing core curricula, as some of the participants in this study have done.
- It is important that DV content be delivered by the "right people." According to study participants, this phrase refers to practitioners who the men can relate to and who engage in reflective and appropriate use of self, understand men's needs and situations, and have a nuanced understanding of DV and a genuine commitment to preventing it.
- Efforts to increase DV education within RFGs should not attempt to turn them into interventions for men who use violence and abusive behaviors with partners. Participants were clear that the focus should be on prevention not treatment. Instead, RFGs can serve as a venue for education, connecting current violent behaviors with experiences of childhood DV exposure, and connection to outside resources.
- Strategies for addressing DV in fatherhood groups must take into account fathers' experiences of poverty, trauma, oppression, and DV victimization and perpetration. The RF and DV practitioners in this study have

developed a rich assortment of sensitive approaches to educate low-income fathers and fathers of color about DV. These strategies should be disseminated to other practitioners in both fields.

- There is a need for increased dialogue and relationship building between members of the RFG and DV fields in order to foster collaboration and cross-pollination. Attempts to do so must take into account the framework tensions that have historically divided these two fields. The participants in this study, many of whom reported varying degrees of successful collaboration, shared tactics that have been helpful for them. One example was mutual education. The RFG field needs a more nuanced understanding of sexism, gender bias, and safety needs of female DV survivors; the DV field needs a more nuanced understanding of the impact of racism and poverty on low-income men and men of color.
- Not surprisingly, additional funding is needed to support RFGs in addressing DV in a holistic and effective way. In order for RFGs to succeed, they need the financial resources to support collaboration with DV advocates and hire support staff who are trained to address fathers' emotional and practical needs related to DV and other forms of interpersonal violence. Likewise, DV programs also need adequate funding to support the person power necessary for meaningful collaboration with RFGs.
- It is essential that any requirement that RFGs address DV should be coupled with adequate funding as well as efforts to continue to foster attitudes and norms among RFG practitioners and programs that are genuinely supportive of DV prevention.

Conclusion

This study provides valuable insight into an overlooked aspect of the Responsible Fatherhood Field: whether and how RFGs address the issue of DV with the fathers they serve. Findings indicate that there has been considerable progress among many RFGs regarding their willingness to embrace DV prevention as a core concern for fatherhood work. In addition, the collaborations between DV programs and RFGs described in this study suggest that practitioners on both sides can continue to move beyond a legacy of mutual distrust in order to develop DV educational activities that are tailored to the low-income men and men of color who attend fatherhood groups. There is a need for thoughtful consideration of *how* educational activities are delivered and *who* delivers them, given that the majority of fathers in RFGs have experienced interpersonal violence, racism and discrimination, and a pervasive culture of hypermasculinity. Despite these advances, two primary needs remain. First, DV content and activities should be integrated into existing core RFG curricula to increase consistency of delivery. Second, both RFGs and DV programs require considerably more funding to increase their capacity for meaningful and effective collaboration.



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Appendix

Table 1: Participant Demographics

	RFG Leaders^a (n = 10)	RFG Facilitators (n = 20)	DV Advocates^b (n = 10)	Total (n = 40)
Age (mean, range)	58.1 (35-74)	54.5 (32-74)	52.7 (32-67)	54.9 (32-74)
Gender (%)				
Male	80.0	90.0	20.0	70.0
Female	20.0	10.0	90.0	30.0
Race/Ethnicity (%)				
African American/Black	50.0	40.0	30.0	40.0
Latinx	10.0	10.0	20.0	12.5
Multiracial	0.0	5.0	10.0	5.0
Native American	10.0	20.0	0.0	12.5
White	30.0	25.0	40.0	40.0
Years working in/with RFGs (mean, range)	17.7 (4–30)	11.1 (5–24)	13.1 (3–23)	13.2 (3–30)
Agency Location (by Region, %)				
Mid-Atlantic	30.0	20.0	70.0	35.0
Mid-West	20.0	10.0	10.0	12.5
New England	10.0	30.0	20.0	22.5
South	20.0	5.0	0.0	7.5
South West	20.0	30.0	0.0	20.0

Note: RFGs = Responsible Fatherhood Groups; DV = domestic violence

^a Applies to people for whom at least one of the following applies: developed a well-established Responsible Fatherhood Curriculum, or is the founder or director of a Responsible Fatherhood agency or program and whose role does not involve (or no longer involves) direct group facilitation.

^b Applies to people with DV expertise who work at DV-focused agency and have experience developing or delivering DV content into RFGs.

