



W10. Focusing on Family Safety: Findings from the Preventing and Addressing Intimate Violence when Engaging Dads Study

Wednesday, June 5, 2019
4:15 p.m. - 5:30 p.m.

Moderator:

- Millicent Crawford, Family Assistance Program Specialist, Office of Family Assistance, Washington, D.C.

Panel Host:

- Samantha Illangasekare, Senior Social Science Research Analyst, Office of Planning, Research and Evaluation, Washington, D.C.

Presenters:

- Dr. Mindy Scott, Program Area Director, Child Trends, Bethesda, Maryland
- Dr. Elizabeth Karberg, Senior Research Scientist, Child Trends, Bethesda, Maryland
- Kirk Berry, Director of Project D.A.D, People for People, Philadelphia, Pennsylvania
- Tammie Eppley, Director, Red Oak Center, Centerstone, Columbus, Indiana

Millicent Crawford: Good afternoon. I'm Millicent Crawford, Family Assistance Program Specialist with the Office of Family Assistance, the Healthy Marriage Responsible Fatherhood program. This session is Focusing on Family Safety: Findings from the Preventing and Addressing Intimate Violence when Engaging Dads Study. For some families served by federally funded Responsible Fatherhood programs, intimate partner violence can interfere with the achievement of program goals. In such families, fathers may behave violently or use coercion or control against their partners. They also may be victims or survivors of violence themselves.

I've worked in the domestic violence field for over 20 years as a domestic violence advocate. And so, I just have to add this about toxic masculinity. Domestic violence advocates in no way mean that all masculinity is toxic. Only when it becomes violent, when perpetrators use their masculinity to be violent and to exert power and control over a victim, is when it's termed toxic.

First, we're going to hear from Dr. Mindy Scott, Director and Senior Research Scientist in the fatherhood and parenting program area at Child Trends. Her main areas of research relate to fatherhood, father involvement, and relationship and family formation during adolescence and young adulthood. Her current research project explores responsible fatherhood, co-parenting, intimate partner violence, and healthy relationships more broadly among diverse types of fathers





and families, including young fathers, formerly incarcerated fathers, non-resident fathers, and Hispanic fathers. Dr. Scott's work is meant to inform and build the capacity of researchers, evaluators, and practitioners working to improve the lives and prospects of children and families. She holds a PhD in sociology and demography from Pennsylvania State University.

Then we will hear from Dr. Elizabeth Karberg, Senior Research Scientist in the fatherhood and parenting program area at Child Trends. She focuses on how fathers shape children's development in the family context that shapes parenting and fatherhood. Dr. Karberg's current work centers on responsible fatherhood programs and how they support fathers' co-parenting and healthy relationships, including addressing violence in relationships. She also has explored when and why father absence is stressful for children. Dr. Karberg aims to support families and children through parenting and relationship education research. She earned a PhD in human development and quantitative methodology from the University of Maryland at College Park.

We will then hear from Kirk Berry, Director at People for People, Inc. in Philadelphia for more than eight years. He currently leads Project D.A.D. (Developing Active Dads) working with non-custodial fathers. Kirk's team focuses on delivering quality services in three areas: healthy relationships, responsible parenting, and economic stability. The program equips fathers with skills to empower their families. He is a youth mentor and the author of *Five Powerful Tips for Motivating Youth*, a resource for adults who play an important role in the lives of youth.

Lastly, we will hear from Tammie Eppley, Director, Red Oak Center, Centerstone. Tammie is one of the grantees in my portfolio and currently an ACF grant manager. In that role, she oversees a five-year Responsible Fatherhood grant awarded to Centerstone by the Office of Family Assistance. The grant funds the POPS (Providing Opportunities for Parental Success) program which works to strengthen positive father-child engagement, foster healthy relationships in marriages, and improve employment and economic stability and mobility through evidence-based practices, skills building, case management, supportive services, and community collaboration. She has a master's degree in rehabilitation counseling and is a certified rehabilitation counselor.

But first, we're going to hear from our host, and my colleague, Samantha Illangasekare. Samantha is the Senior Social Science Research Analyst with the Office of Planning, Research and Evaluation in Washington, D.C.

Samantha Illangasekare: Thank you all for coming to the session today. I'm really excited to hear from our panelists and to also hear your questions and thoughts on this really important topic. I want to start out by explaining a little bit about the motivation for the study. At the Office of Planning, Research and Evaluation at ACF, we worked closely with Millicent and her



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colleagues at the Office of Family Assistance, which administers the Responsible Fatherhood grants to develop what we're calling this learning agenda. This learning agenda centers around applied research and evaluation efforts that are aimed toward improving services and programs for fathers. All the research we do has the goal of informing programs and answering questions that are critical to making the programs work better for the families and fathers they're serving.

The motivation for this particular study was to better understand what fatherhood programs are currently doing, and also what they could be doing to help prevent and address violence between romantic partners, also referred to as intimate partner violence or domestic violence. We recognized at ACF that this was a challenging problem that fatherhood programs are navigating on the ground every day, and really wanted to try to systematically investigate and identify best practices to build the evidence base and add to the toolboxes that programs have, to navigate this challenging issue.

As Millicent said, we have this great panel today to talk to you about the study and what some programs are actually doing. First, we'll hear from the study team about what we're learning from this research, then we'll hear from our two program partners to understand what the programs are actually doing, specifically in their own program and their own approaches in the field. With that, I'll turn it over to our panelists.

Dr. Scott: Good afternoon, everyone. And thank you, Millicent and Sam. I'm Mindy Scott, one of the leads on the PAIVE project (Preventing and Addressing Intimate Violence when Engaging Dads Study) from Child Trends and am really excited to be here; and, for the first time sharing some of the findings from the PAIVE project. As the title suggests, this is going to be a focus on family safety but from a fatherhood and fatherhood program perspective.

I want to start by defining intimate partner violence or IPV as we'll refer to it. IPV can take many forms from physical or sexual violence, to stalking or psychological aggression, with current or former intimate partners. Unfortunately, IPV can be quite common in relationships. National surveys find that 25-37 percent of women and 8-30 percent of men have survived some form of IPV in their lifetime. To further provide some context, 20 percent of children have been exposed to physical intimate partner violence within the home at some point in their lives and 25 percent are exposed to other types of family violence in addition to physical violence.

You can see that the numbers vary quite dramatically. This depends on the way surveys or other data collection ask about violence and who's reporting the violence. There can also be issues of under-reporting. Those numbers and the research behind the consequences of IPV do suggest it is a serious problem and there's a real need to better understand how programs that serve families and fathers can help to better address and prevent IPV.





Some of the negative outcomes associated with experiencing IPV relate to issues with poor health, psychological distress, and other social consequences such as isolation from family and friends; and, although extreme, sometimes partners don't survive the violence. In fact, one of the leading causes of death among women is being killed by an intimate partner. Therefore, you can see that there's really extreme and negative consequences of IPV for the entire family. It is important to understand what services and programming exist to help prevent IPV and address it more effectively. When IPV occurs, men are often the ones perpetrating the violence. This is particularly in cases of severe violence and control or when violence results in injury. However, it is important to keep in mind, men are not always responsible for perpetrating violence, and some national estimates show that 30 percent of men have survived violence themselves at some point in their lives. To make the matter more complicated, many men who use violence in their relationships have experienced their own prior trauma including physical or sexual abuse as a child, or early exposure to IPV in their own homes, which can contribute to the father's own violent behaviors.

We've heard about the importance of addressing intimate partner violence directly with fathers and the role of fatherhood programs in these efforts. We think that given direct work with men, fatherhood programs can be uniquely positioned to either provide preventative services before IPV takes place or, if necessary, more reactive services in response to intimate partner violence.

Since 2015, the federally funded grantees have been required to consult with partners on the development of their intimate partner violence-related activities and protocols. These partnerships are meant to ensure that participating fathers in the programs were receiving accurate information about IPV, that dads were provided opportunities to disclose IPV, and that fatherhood program staff were being adequately trained in how to respond to those disclosures. However, after funding, what wasn't clear is what those specific partnerships look like or what "consult" meant. For example, was it a one-time consultation at the time of the proposal? Or were longer term, more collaborative, partnerships developed?

The other point to make is that fatherhood programs are well positioned to undertake the types of activities to prevent and address IPV. As Millicent mentioned, the programs typically involve key goals around education and training on responsible parenting or co-parenting, healthy relationships, and economic self-sufficiency. IPV can get in the way of achieving those goals. We have the sense that violence in relationships can be very interrelated with those other aspects of relationships and other aspects of men's lives. Some of the challenges in those areas can then contribute to experiences of violence in relationships.

We do want to note that most fathers served by responsible fatherhood programs have never used or survived violence in their own intimate relationships, so this is not a universal issue in





fatherhood programs. But, fatherhood programs present an opportunity to address this with men and fathers who may be experiencing violence.

Given all of the background, the PAIVE study had three specific goals or objectives to try to address some of these gaps: first, to describe the current approaches that fatherhood programs are using to prevent and address IPV; second, to assess the challenges and successes in those approaches that are being used; and third, to identify promising approaches in both addressing and preventing intimate partner violence.

We applied a fairly rigorous qualitative research design to address our objectives and drew on several different data sources. We first summarized information about the current cohort of federally funded grantees and looked at information about their target populations, IPV-related trainings, the types of services they were delivering, and in particular, their partnerships. We also conducted a scan of curricula that focused on fatherhood, intimate partner violence, and other relevant topics such as healthy relationships. We supplemented the curriculum review with phone calls to select curriculum developers when we wanted to dig a little deeper into some of the curricula. We also conducted in-depth semi-structured interviews with responsible fatherhood program staff and partner organizations that were involved in supporting their IPV-related services. The interviews were conducted in-person or, for some cases, over the phone.

I want to talk about our selection process for the programs that participated. We developed priorities for the types of programs that we wanted to select. We were looking for programs serving diverse populations of fathers, programs that had explicit approaches but also varied, and diverse approaches in addressing intimate partner violence so that we had a variety in the types of programs we were describing. We looked for programs that were reporting challenges in addressing intimate partner violence. We wanted to learn from programs where there may be really good efforts but still some challenges. We also looked to make sure that we were getting some geographic diversity, had urban and rural representation across the programs, and programs that were using innovative curricula that consisted of both fatherhood and intimate partner violence components. We did a large scan of programs, narrowed the list of programs, revisited some of those priorities, and selected eight eligible fatherhood programs from that effort. Across those eight fatherhood programs, we interviewed 16 program directors and facilitators from within the programs, and 11 staff from partner organizations. For five of those programs, we conducted observations when we were onsite. The observations were with program activities, specifically with fathers.

We then took all of that information and coded our interview transcripts and used a qualitative analysis software to conduct our analysis.





I'm going to summarize the findings from our first goal, just describing the current approaches that fatherhood programs are using to prevent and address IPV. Dr. Karberg is going to talk about some of those challenges and successes that we learned, and then we'll hear from Kirk and Tammie who will share some of their own experiences within their programs of some promising approaches that they've implemented.

I want to note a couple of things about terminology before we talk about the results. The team had a lot of conversations about language and wanted to come to an agreement on language when we're referring to those who use violence or perpetrate violence, and those who survive violence. For the project and all of our reports and products, we're using the term "use violence" to refer to those who perpetrate violence, and "survivors" for those who are victimized by violence. You'll still hear the word perpetration or victimization in our presentation when we're talking, but the goal for us was not to label the person as a perpetrator or as a victim. We'll talk about the behaviors but not labeling the person.

We also had conversations during the interviews about language that programs use when referring to violence between intimate partners; and domestic violence or DV seemed to be more common. The staff sometimes use intimate partner violence depending on the audience or the situation. But domestic violence was more common, so we'll use domestic violence and DV interchangeably with IPV.

First, we will talk about partnerships. Most of the fatherhood programs that we met with are partnering with local domestic violence agencies. Some also reported partnerships with batterer intervention programs or other DV coalitions and hotlines, mental health and legal services. I believe there can be some confusion in the different types of organizations that exist within those categories and what they do and who they serve. We have some definitions in our report. We'll also be developing a product that specifically talks about the different types of organizations that address violence with men including domestic violence agencies, batterer intervention programs, and organizations that address violence through anger management programs; with a focus on how partnerships are relevant for fatherhood programs and how fatherhood programs can assess what types of services might be needed and when to use them.

For a quick definition, we're thinking about organizations that primarily provide services for survivors, whether that's men as survivors or men's partners who have survived violence. Batterer intervention programs is the common name for programs that are for those who use violence.

These different types of partnerships most often provide a training to fatherhood program staff, and also support fathers through referrals and direct services. The trainings for staff typically





focus on how to identify and respond to domestic violence. Other types of topics looked at defining domestic violence for staff and fathers, understanding a different type of abuse and the cycle of abuse and violence that can be experienced. Some of the programs focused on topics such as the consequences of DV for children, how violence can be perpetrated over the internet and social media, and also the use of screening and assessment tools.

That gets us to our third finding on screenings. We did find that fatherhood programs routinely screen for IPV. The approaches used fell into three categories: screening all fathers at the time of enrollment, screening some fathers after enrollment, and this was done more through a case management service, and screening only after some type of disclosure happened. The programs we interviewed did mention that they screen for both perpetration and victimization. We saw that the questions and the tools that were used for screening varied quite a lot across the different programs. Once screening took place, many fatherhood programs established procedures for responding to any disclosures of domestic violence. The preferred approach for those responses was through referrals for additional services, although we heard that across most of the programs, staff were referring a very small percentage of fathers in their programs. One reason could be some difficulties just in identifying the fathers who need those referrals. This led to new questions that could be explored of how to screen for domestic violence in fatherhood programs, and whether the screening procedures and the types of questions needed to be changed or updated.

One example that we saw in terms of when screening happened is fathers may not feel comfortable reporting domestic violence experiences at day one of intake. But after participating in the program for some time, they may feel more comfortable talking to a case manager about those experiences. The low referrals may also relate to the point we made earlier that most fathers in the programs have not experienced IPV, either as users or survivors. In other types of activities in place to address IPV or respond to disclosures, we found that programs had approaches for connecting fathers with other community resources, approaches for assessing and reporting on survivors safety, and generally listening and communicating with fathers who disclosed either the use of violence or surviving violence in ways that were non-stigmatizing, non-shaming, and built rapport with the fathers.

I'm going to turn this over to Dr. Karberg who will talk more about some of the challenges and successes. These findings will be mainly drawn from the interviews that we conducted with directors, facilitators, and partners so it really shows the varying perspectives of those staff on some of these issues.

Dr. Karberg: I'm going to focus on themes or commonalities that came up across interviews. In the report we have more than what we're presenting here, so I urge you to look for the report





when it is available. Just as a reminder, during the interviews we focused on asking program staff about challenges and successes related to preventing and addressing intimate partner violence, particularly in their partnerships between program staff, responsible fatherhood programs, and then local domestic violence agencies.

I'm going to begin with some themes related to challenges, and then move on to successes. Staff spoke of the need for free and accessible services for those who use domestic violence. In this slide, we have a quote from a fatherhood program staff person who's trying to relay the perspective of a father about this theme. He says, "If I'm worried about eating, the last thing I'm thinking about is going to a healthy relationship workshop that might cost me \$1,000." This quote shows that responsible father program staff identify cost as a major barrier to fathers receiving services for DV perpetration. One thing that a couple of programs we spoke to did to help combat this was to provide intervention services for users within their programs on site. We're going to be referring to these programs as BIPs or batterer intervention programs.

Staff observed that fathers resist being identified as users or survivors of domestic violence. There were many reasons for this. Some common ones included: the fathers' normalization of violence and their own past trauma; language used when talking about these topics, because fathers really did not like being called perpetrators or abusers, but rather being referred to as using violence; the stigma associated with being a survivor; shaming survivors; the shame of going to a BIP; traditional masculinity norms; and lack of knowledge about domestic violence was a major contributor.

A program staff member relayed their experience with program participants who survived violence but resisted to identifying as survivors. The program staff member said, "When you see fathers laughing, she's just in my face. And you don't know the seriousness of it. You have PTSD because you were stabbed nine times in your sleep." This quote is extreme and just one experience that we heard about, but clearly conveys a theme that came up across interviews that fathers do not like to be called survivors and they don't like to identify as such. And the reasons for this are complex.

Now about successes. There were several themes that came up around implementation. I'm going to jump right to the fact that children were a strong, motivating factor. Staff spoke of talking to dads through their children. By doing this, fathers might not feel like they're being labeled as users or abusers or the abused. They might, therefore, be more receptive to program services and education. Some staff mentioned that a lot of participants didn't necessarily come to the program caring if they were thought of as bad partners, but did not want to be thought of as bad parents. This was a really good way to motivate the dads and a great angle to work with them.





Along these lines, fatherhood program staff saw themselves as needing to integrate information about parenting into everything they do. A staff member said, "How are we a fatherhood program if we don't talk about the effects that domestic violence has on children?"

Staff had a lot to say about partnerships between their programs, the responsible fatherhood programs and the partnering agencies which were often local domestic violence agencies, local government agencies, and BIPs. We should note that the programs that participated in our study generally had very strong positive partnerships, and that's why we're seeing this as a success. But we're aware that this can be an incredible challenge as well.

Staff from both sides spoke of the need for mutual respect and appreciation to facilitate partnerships, as well as availability and openness of all staff. They want a true collaboration where both sides can jointly troubleshoot problems that arise related to referrals, and the partnering organizations are as available to the men when they're in crisis as the responsible fatherhood programs are.

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

Across these findings, one thing that came up was that responsible fatherhood programs have a unique opportunity to help prevent and address intimate partner violence by providing education and services to their participating fathers. This is because they have contact with a population of men who might be at higher risk of using domestic violence due to multiple factors. One factor that we didn't explicitly ask about, but came up throughout the study, was the role of structural oppression which is the way that history, culture, laws, and institutions perpetuate a hierarchy based on race, class, gender, sexuality, or other identities or characteristics. In the programs, staff were acutely aware of the role that race might play in their participating fathers' challenges. That came up across the other experts that we consulted with throughout this project and as we were preparing for the literature review.

Another reason that programs have a unique opportunity to address intimate partner violence is because of their ability to establish trusting relationships with these fathers over time. That's something that the partnering organization staff recognized as a benefit of the responsible fatherhood programs.





Other key findings that came up from the study are that using violence seemed to be more of a focus of programming than surviving violence. All staff spoke of the importance of addressing men as survivors. Staff also identified several factors that contributed to father engagement in IPV services such as having a safe space for programming, but more importantly, focusing on the importance of children as a motivating factor.

Costs and stigma were major barriers to accessing intervention services when fathers used domestic violence services. Programs like this might be more accessible if offered onsite within the responsible fatherhood programs.

We heard from responsible fatherhood programs and partnering organizations that had strong alliances to help support men. The partnerships that we heard about were built on mutual respect and a shared vision for educating men as a key to reducing domestic violence.

Samantha Illangasekare: Thank you. I'm excited to be able to ask a few questions of Kirk and Tammie about their programs to learn more about what they're doing. I want to ask both of you to begin by telling us briefly about your responsible fatherhood program, including where you're located, who you're serving, the structure of your program, and then how long you've been doing this work.

Tammie Eppley: I am Tammie Eppley and I run the POPS program, Providing Opportunities for Parental Success. I took over when this program was in year two of a four-year program. I've worked in mental health for 17 years, but fatherhood was new to me.

We are in six counties in central Indiana that are rural areas. We serve dads that are age 16 and over as long as their children are under the age of 24. We originally addressed partner violence by conducting a survey and then talking about it if it came up in class. When Millicent came to visit us, she asked, "What do you do?" "We get our yearly training and that's what we do. We talk about it if it comes up." And she kept asking us in different ways, "What do you do?" Obviously, we needed to do something else.

I started looking and couldn't find anything. I couldn't find a batterers' program in any of our counties. In Monroe County, someone does come down from Indianapolis once a week and conducts a batterers' group. Then we started talking about it and most of our dads said, "Well, I'm not a batterer. I don't perpetrate violence. I don't do that. Why do you want to send me to a batterers' program?" I said, "Well, we don't. We just want to have options that we could offer and resources." I started calling domestic violence shelters. One of the shelters serves three of our counties and another one serves the other three, so it worked out pretty well. I talked to them and said, "I need a program." Their response was "Well, we don't serve batterers." I said, "It's not





what I want. What I want is education for dads about what healthy relationships are, what they look like. How can they identify with that because maybe they are perpetrators, but also they are probably more than likely victims as well?" Their response was "Well, I don't know. We don't do that." So, I gave them an example and asked, "Can you do this?" and they said yes.

We partner with both of those programs. One of them took it on as a challenging project for them since they didn't do anything like that. They are a little more successful than the other one because they have a male and a female that comes to our class. It seems to work out better when there is a male also in the room because a lot of our staff are female.

It's worked out really well. We've learned a lot of things by partnering with them. I emailed them prior to coming to see if there was anything they wanted me to point out as challenges. They said, at first, a lot of the dads just sit there and don't participate, and don't want to talk about it. But we've had several that have started to tear up and leave. We talk to them after and find out that most of the dads didn't know that one of our domestic violence shelters actually serves men. The misconception is usually that it's just for women and children. This shelter serves men and it's not as a batterer, it's as a victim. They were very interested to learn more about it. We include shelter information in our exit packet in case they didn't want to talk about it during the group, they could talk about it later.

A challenge they did mention was that the dads will say, "Yeah. I know what the bad things are. But show us how could we approach this differently to make it a healthier relationship." They came up with some scenarios where they have someone read them and then they discuss, "So, is that violence? Is that abuse? What is that?" Then they talk about it. It's been very successful when they let them participate more than just talking at them and saying, "This is bad and don't do this."

The only other thing I want to point out is that we did a screening in the community. We also do classes in our local jails. We do not do the screening in the jail because they are not honest; they're afraid that that would get them into more trouble if somebody was listening, if someone heard, or they thought they answered incorrectly even though it's just for research purposes. When they get out, we can screen them.

Partnering has been really good for us. We really appreciated Millicent's visit and the motivation to recruit community partners.

Samantha Illangasekare: Thank you. I think you touched on a lot of the themes that we've just talked about and what you described is such a great example of the last theme of really coming





together and approaching the partner organization to expand on what they were doing and working toward the same goals.

Kirk, can you talk about your program?

Kirk Berry: Good afternoon, everyone. My name is Kirk Berry, People for People, Inc., located in north Philadelphia. We are a parenting program and service fathers who are over the age of 18 and most of their children need to be under the age of 16. We're teaching their children and try to do our best to make sure we're not teaching adults who have adults as children. We work with non-custodial fathers; but it doesn't mean they're non-residential or that they're not a part of their children's lives. It just means they don't have legal custody of their children.

We are a second time grantee. I've been the director of the fatherhood program for the last eight years and have 16 months left in this round of funding so it's bittersweet. Our program is voluntary like all fatherhood programs, and runs for eight weeks, Monday through Thursday from 10:00 a.m. to 2:00 p.m., so it's pretty robust. People are interested in how we get fathers to come every day from 10:00 to 2:00. Approximately 95 percent of our dads do not work and that's our target audience. We want to target dads who don't have much going on because we want to be able to help them. There's usually not many services out there, especially after the age of 24. If you've worked in this industry, you know out-of-school youth is between 18 and 24, but after 24, you're a dad and there's not much out there for you.

Samantha Illangasekare: Can you talk about how you're addressing intimate partner violence or domestic violence as part of your program?

Kirk Berry: At the time of enrolling a father into the program, we give them a participant needs sheet where they check off what they need, whether it's a custodial need, or a resource need such as clothing or transportation. In addition, there are three questions. This is our first screening for IPV where we're asking, "in their relationship, do they experience verbal abuse, emotional abuse or physical abuse?" They can either check yes or no.

When they fill out the enrollment packet we're getting more in-depth information, asking them a lot of questions that are exactly like the three questions that I just said, but they don't directly come out the same. One of them may be, "When you and the child's mother have an argument, what happens?" We say, "Do you yell at each other?" What happens is we can see that the father says no on the three about verbal, emotional, and physical abuse, but then when you talk about the interaction with the child's mother, they will disclose that it's very volatile. Sometimes it can be in front of the child. But we're just asking them questions that now talks about their relationship.





When we do those weekly screenings with their case manager, we'll find out if anything has changed. Sometimes we notice that a dad will say that there's verbal abuse. And then when you ask him if he wants help, he'll tell you, "Oh, that was the day that I enrolled but everything's been cool since then." There might have been a blow up that morning, but it's not something that goes on forever. They might not be comfortable in the beginning, but spending eight weeks is a long enough time period where around week four or five, we can find out what's really going on and how often.

Samantha Illangasekare: That's really interesting and helpful and I think this idea of how we ask the questions is so important. There may be a lot of work to be done in thinking more critically about what a screening tool is and what it means, how dads interpret those questions and what they mean for them, and also that they understand how the information is going to be used.

Can you talk about what partner organizations you've worked with and how you approached them or how those partnerships happened?

Kirk Berry: As Millicent said, when you apply for this funding, you had to have a domestic violence partner. Ours is Women Against Abuse. They have been our partner in both rounds of funding. Women Against Abuse is just a name that's been there since they were created and they're not going to change the name, but they service anyone who's been abused. If a father's been abused or a man's been abused and he needs emergency shelter, they will help the person who's being attacked. In that partnership we've also done the training. We don't do it every year because I try to save my staff. But, it allows me to do different budgetary things. And one of those is we run a cohort model. Open enrollment means dads can enroll at any time. Cohort means once the door is closed, they have to wait until the next one. For every cohort, our Women Against Abuse partner has to come in and teach all the fathers about DV awareness or IPV awareness.

They come with 20 flashcards and give them to a group of men. The men turn them over and then have a discussion. One of the cards will state, "She checks my cellphone every time I come home." They laugh about it and they're like, "Oh, this happens all the time." Then another group will share what theirs say and then everyone else in the room gets to say whether it's abuse or not, or whether it's intimate partner violence or not. The best part is it's not only engaging, but it requires them to reflect. If your team member's in the room, they can hear who's sharing what. And then you can have that in a one-on-one conversation.

As an individual in a relationship, they don't know what's appropriate and what's not. They don't know if it's verbal, emotional, or physical abuse. They don't know if it's financial abuse. Women





Against Abuse does a good job at not targeting our fathers as the perpetrator. Anyone who is looking at doing fatherhood or does fatherhood and wants to incorporate IPV, make sure whoever is teaching does a good job at just teaching. It's very important they use the correct wording and any examples. Did they do a good job at not attacking anyone in the room? Sometimes that can be hard if you're not skilled.

This year we've added an organization called the Men's Resource Center. We added them for program year four and five because when we did the screenings tools we realized that if our fathers needed to be connected to an outside resource such as anger management, you either had to have insurance or you had to pay out of pocket.

Samantha Illangasekare: I wanted to tag onto something that you said about language and some of the stigma that Mindy and Liz had mentioned in their talks that perhaps men were feeling and expressing to staff when talking about these issues. Tammie, can you talk about how your program has addressed that or whether that's come up, and how your partnership has addressed some of that stigma?

Tammie Eppley: The particular curriculum that we have does not address IPV. As I mentioned, the organizations I contacted didn't have what I was looking for. We call their first day healthy relationship day. We don't say anything about domestic violence or intimate partner violence or anything because it is for every single person. It's not just for the people who identify that on their screening. I think that what Kirk was saying is true. They don't know the difference so even if they think they're answering honestly, they might not be because by the time they get to the class that talks about it, they're like, "Oh, okay. I didn't really know that." We use the screening for a 12-month period and then our team does it again at six months after they've graduated from the program.

Samantha Illangasekare: I also want to ask you both to talk more about successes and challenges. I think you've identified some and how you've overcome them. Tammie was talking about her initial reaching out and talking to the program partners and how she overcame that challenge of them saying, "Oh, we don't do that." But are there other successes that you've had with the approaches that you've talked about that's worked really well? Then on the flip side, anything that you've found really challenging in trying to do forward thinking, proactive work, to address and prevent violence?

Kirk Berry: When we would identify a father who needed resources, if his insurance didn't cover or he couldn't pay out of pocket, then he was just a referral and never a successful referral. The Men's Resource Center teaches emotional empowerment training workshops every Friday with the fathers that we identify could benefit from it. One of the screenings to get enrolled asks,





"When's the last time you talked with your child's mother?" If they say they haven't talked to her in the last month, then they need to go to emotional empowerment training. You haven't committed any violence, but you're not skillful enough to manage your emotions so that you can work with the person who's keeping you from seeing your child. The emotional empowerment training has done really well because the fathers get in there and they share how they feel. It's not just a "pity party" session or "attacking women" session; they get to learn how to process what they're feeling and then, what to do after that. Is it anger management? Yes, but no one's going to anger management. It's another play on words. "Do you need anger management?" "No, I'm not angry so I'm not going." But when you talk about emotional empowerment training, you talk about, "Have you ever had a boss that you couldn't deal with and you couldn't manage your emotions and it got you fired?" "Yes." "Okay. Cool. You might want to go to emotional empowerment training, learning how to manage your emotions."

That's the success that came from the challenge when we were trying to refer them to an agency or organization that they didn't have insurance for or the ability to pay out of pocket. We need to find a way where we can make someone a partner who will incur the costs. There's no counseling at all. Let me repeat that. There's no counseling at all because federal dollars aren't going to pay for counseling, but they do pay for educational training and workshops, and that's what our fathers are getting. And it's really beneficial to them.

So that challenge we were able to turn into a positive solution. And it's working.

Samantha Illangasekare: That's a great example. Tammie is there anything else you want to share?

Tammie Eppley: When I had asked the partners to send me challenges and successes, they didn't have any challenges but did say the collaboration with us has given them the opportunity to reach out and engage men that they would not typically be able to access. It was a win-win situation for both of us.

Samantha Illangasekare: Thank you. Are there any questions from the audience?

Participant: I work for the Office of Child Support Enforcement, regional office in Philadelphia. We have an access and visitation grant that we issue to states that is designed to give parenting time to parents who are not the custodial parent. For the last five or six years, we have been trying to figure out how can we answer that one question, "Well, she won't let me see my child. I'm paying child support. Why can't I see my child?" I'm trying to find the safest way to ensure we're not endangering anyone and putting them in a situation. My question is, is it more beneficial to do the training upfront or say to the dad, "I'll give you access so you can co-meet





your child at a community center with a supervisor," or do we need to do the training before you begin that?

Kirk Berry: It should happen simultaneously. If he needs to do training, he's most likely willing to go to training as long as he can see his child and probably be willing to go to training and then see his child. They will have much more incentive to go if they're seeing their child. To me, it's like child support. "I'll pay child support if I can see my child; but, if I can't see my child because I have to wait 10 months to get a hearing..." I think dads should be able to see their child, especially if they're supervised.

Participant: My name is Derek Miller and I work with the 4DAD Fatherhood Initiative in Kalamazoo, Michigan. My question is how can we get something like this started? I've been trying to have this conversation in Kalamazoo for months. I ask around if there any resources. If there is anything going on. Can I get some help for this dad? And there's nothing. The nearest batterers' intervention program is three hours away. I've reached out to shelters and they don't know what to do with them. I have helped out and enrolled dads into my parenting outreach, and they have survived intimate partner violence and been a perpetrator. But what I'm seeing now is that it's this upward trend that's showing up more and more. We work a lot with CPS, and they are referring a lot of dads to my parenting classes, but a parenting class is not batterers' intervention. The reason why they're doing that is because I'm the only fatherhood program in the city. Some of the dads that come through just end up talking. I can help out a little, but how can I really get something substantial or beneficial even started?

Tammie Eppley: Reach out to the domestic violence shelters and if they say, "We don't have that," ask them again and maybe give them an example of what you're looking for because they didn't know what I was looking for. Have you tried the local mental health centers?

Participant: I have not tried the local mental health.

Tammie Eppley: The overarching entity that I work for is a mental health center, so they might have groups or something that you could refer to or individual counseling or treatment that the person could go to. But again, they'd have to have insurance. Sometimes, they have care that's free. Another resource, do you live near a university?

Participant: Yes.

Tammie Eppley: Because that too is very successful. Recently the dads didn't respond very well because it felt like they were being accused of things. That hasn't happened before, so I was really concerned and started looking at other opportunities. We live near Indiana University, so I





have a meeting with the School of Social Work to see if they have any types of students that need to do any projects or internships, so that's another option you can look into.

Participant: Thank you.

Dr. Karberg: We heard from a couple programs that had domestic violence consultants that I think were in areas where it was hard to come by these partnerships. That would be something that you could potentially look into. I just want to say too that we are the fatherhood researchers on this study, but we partnered with domestic violence specialists and advocates. They urged us throughout the report, and I hope it came across clearly here, to make it clear that even though providing BIPs in the responsible fatherhood program and onsite made it more accessible, it really needs to be done by people who know what they're doing. I just want to say as we're troubleshooting this, I don't want the takeaway message to be that you should try to figure it out because there are no resources for you.

Participant: I'm not trying to make it so that I have to do every single thing, because my plate is already full. It's just recognizing that this entire area around me has nothing and I have these dads coming to me recognizing what they have done. They've admitted that what they did was wrong, but I have nowhere to send them.

Millicent Crawford: Thank you, everyone. One of the things that we found out was that domestic violence programs want to give and take. We encourage each one of our grantees that they work with domestic violence programs to train their staff. The domestic violence programs do care about the overarching field of domestic violence and I believe that that makes them more inclined to help you personalize and individualize training like they did with Tammie at her program. So that's an approach that you can consider.

The federal government does provide grants to each of these domestic violence programs to provide community service training. That is within the realm of their program scope that they are paid to do.

Thank you, everyone. I hope that this information was informative.

