

# Domestic Violence Prevention and Intervention in Fatherhood Programs

April Wilson,<sup>1</sup> Elizabeth Karberg,<sup>1</sup> Heather Wasik,<sup>1</sup> Mindy E. Scott,<sup>1</sup>  
Jessie Laurore,<sup>1</sup> Juan Carlos Areán,<sup>2</sup> and Megan Bair-Merritt<sup>3</sup>

OPRE Report # 2020-53

## Purpose of the Brief

This brief is intended to support the efforts of both researchers and father-serving professionals to study, evaluate, and implement practices for use in fatherhood programs to help prevent and address domestic violence (DV; defined in this brief as violence between current or former intimate partners). We summarize key findings from a recent research study and provide concrete practice recommendations for preventing and addressing DV through fatherhood programs based on these findings. The brief also provides a list of additional resources for father-serving professionals. Some of the practices described in this brief have not been rigorously tested and thus are not yet considered evidence-based practices. However, they hold promise for helping to prevent and address DV and could be further strengthened through future research and evaluation.

## Background

DV affects millions of individuals and families and has lasting adverse consequences for survivors and their children.<sup>1,2</sup> For example, survivors often experience physical injuries, poor physical health, psychological distress, and social consequences like isolation from social networks.<sup>3</sup> Children exposed to DV also experience a heightened risk of adverse physical, psychological, social, emotional, and behavioral outcomes.<sup>4,5,6</sup> Furthermore, children who live in households with DV are at risk of being abused directly.<sup>7,8</sup>

There is clearly a need to prevent DV and its related harmful consequences for families from ever occurring. Fortunately, it is possible to prevent DV by using practices that address the contexts and underlying risks that make DV more likely to occur.<sup>9</sup> A growing body of research supports the effectiveness of multiple practices and programs that can help prevent the occurrence of DV.<sup>10,11</sup> Some of these practices include teaching healthy relationships skills, creating protective environments, and strengthening economic supports for families.<sup>12</sup> Additionally, children and adults are resilient, and it is possible to persevere and overcome challenges in their lives, including DV.<sup>13</sup> Not all survivors of DV are affected in the same way, but protective factors, such as social support, can reduce the adverse consequences of DV.<sup>14</sup>

There is also clearly a need to intervene when DV occurs, to address both DV and its related harmful consequences for families. In situations where DV is used, men are often the ones to perpetrate violence, and women are more likely than men to suffer sexual violence, severe violence, injury, and death.<sup>15,16,17,18</sup> For this reason, DV organizations primarily serve women and mothers, although services also are available to

men.<sup>19</sup> These interventions frequently offer support to women as survivors, or engage women in prevention efforts to avoid involvement in violent relationships. In order to address DV more thoroughly, however, it is essential to direct DV services at men who use violence, who historically are most likely to cause severe harm through violence, and also to provide support to men who survive DV.<sup>20,21,22,23</sup> More importantly, numerous men who perpetrate DV are fathers, and these men often play a critical role in their children's lives.<sup>24</sup> Intervention is all the more critical with fathers because of the potential harm to children who are exposed to DV.

Engaging fathers in DV-related services is important for their own well-being and that of their families; however, preventing and addressing DV in the context of families is complicated and encompasses a range of experiences. For example, men who behave violently often have survived prior trauma, including personal experiences of physical, emotional, and sexual abuse during childhood.<sup>25,26</sup> Also linked to DV is the fact that some men survive racial discrimination or other forms of structural oppression (i.e., the ways that structures of culture, society, and systems perpetuate hierarchies based on individual and group characteristics).<sup>27,28,29</sup> Additionally, men sometimes survive their partner's use of DV,<sup>30</sup> or they may simultaneously behave violently toward a partner and survive DV. At the same time, many men and fathers have never been in a violent relationship; however, some of these men may still experience situations or circumstances at some point in their lives that increase their chances of using or surviving DV (e.g., mental illness, financial stress, substance use).<sup>31</sup> Given this range of experiences and circumstances, it is critical for fathers to have access to DV services that address DV for those who have perpetrated and/or survived DV—as well as services that prevent DV, for those who have not. As described below, fatherhood programs use multiple practices to contribute to both preventing DV from occurring and helping to address DV when it has occurred.

## Key terms

**Domestic Violence (DV)** – Used in this brief to describe violence between intimate partners, which involves any form of physical violence, sexual violence, stalking, and/or psychological aggression by a current or former intimate partner<sup>1</sup>; may also be referred to in the literature as intimate partner violence (IPV).

**Prevention/Prevent** – Services provided before DV occurs or in cases where no DV has occurred.

**Intervention** – Services provided after DV has occurred; also referred to as addressing DV.

**DV Services** – Any activities that address DV topics (e.g., relationship education through fatherhood programs, specialized workshops, presentations from partners, activities at DV agencies); may be provided in-house or off-site.

## Defining Prevention and Intervention

Providing DV services to fathers regardless of whether they have survived or perpetrated DV requires efforts targeted at *both* prevention and intervention. The terms prevention and intervention can have multiple definitions. For the purposes of this brief, we broadly define prevention as services provided *before* DV occurs and/or when no DV has occurred. In contrast, we define intervention as services provided *after* DV has occurred.

Within the field of public health, levels of prevention are commonly categorized as primary, secondary, and tertiary.<sup>32</sup> In this brief, “primary prevention” refers to prevention of DV, and “secondary prevention” and “tertiary prevention” refer to intervention when DV has occurred (see Figure 1 for more details).

**Figure 1.** Categories of prevention and intervention used in this brief

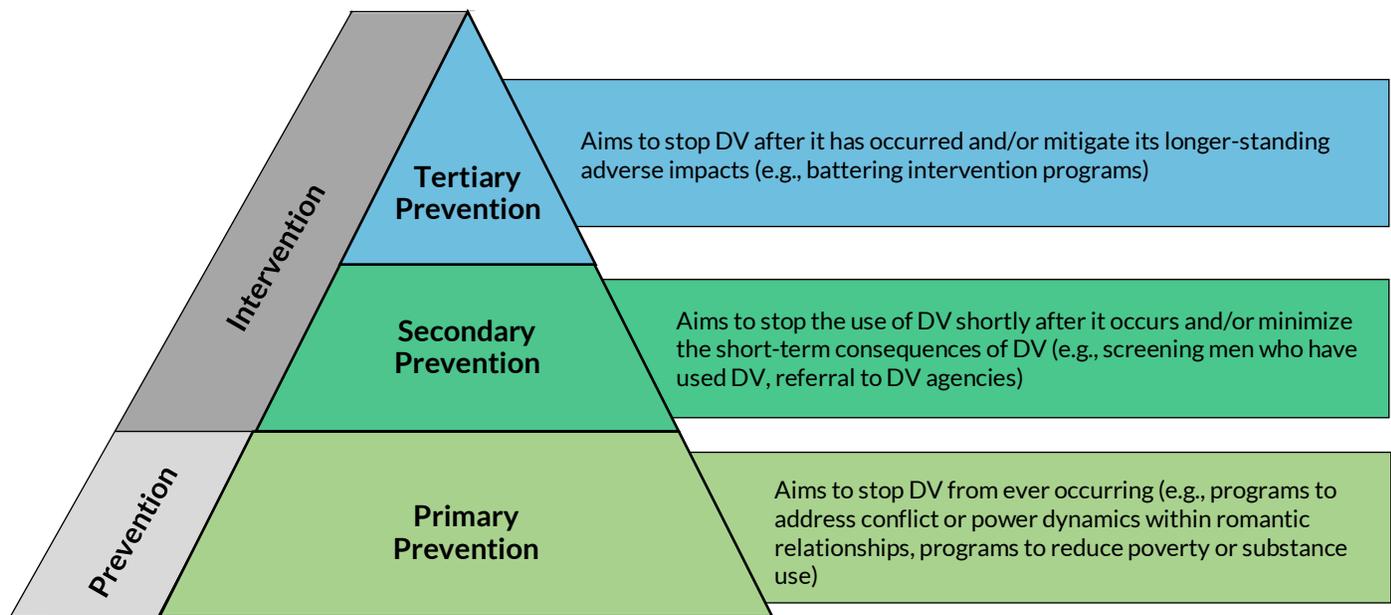


Figure adapted from *Countering Violent Extremism Through Public Health Practice: Proceedings of a Workshop* at NAP.edu. (n.d.). Retrieved from <https://www.nap.edu/read/24638/chapter/6#65>

## About Fatherhood Programs

Fatherhood programs, including the Responsible Fatherhood (RF) programs funded through the Office of Family Assistance (OFA), are uniquely positioned to engage men in efforts to prevent and address DV. These programs often do not have explicit goals to prevent or address DV, but they tend to target and serve fathers who may be at risk for or have a history of using or surviving DV.<sup>a,b</sup> Many of the fathers in these programs were not previously, and are not currently, involved in intimate relationships where DV occurred. However, because many fatherhood programs target populations of men who are at risk for using and surviving DV, these programs can provide prevention services, for example, by focusing on building and strengthening participants' healthy relationships. Furthermore, fatherhood programs can help to identify, educate, and connect fathers to services when DV does occur.

<sup>a</sup> See *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs* for more details on the RF programs, as well as a map that shows where RF programs are located currently throughout the United States. <https://www.acf.hhs.gov/opre/resource/preventing-and-addressing-intimate-violence-when-engaging-dads-final-report>

<sup>b</sup> For example, fathers who are young, disengaged, non-custodial, low-income, and who experience challenges like not graduating from high school, having a history of criminal justice involvement, or having mental or physical health conditions. Citation: Karberg, E., Aldoney, D., & Cabrera, N. J. (2017). *Fatherhood policies and programs in America*. In C. Mazza & A. R. Perry (Eds.), *Fatherhood in America; Social work perspectives on a changing society*. Springfield, IL: Charles C. Thomas Publisher.

## PAIVED Study Methods

The findings presented below are drawn from the Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED) study. PAIVED examined the services that federally funded fatherhood programs provide to prevent and address DV. As part of this project, the study team interviewed RF program staff and staff from partnering organizations that provided DV-related support (e.g., DV agencies, local government agencies, battering intervention programs [BIPs], and independent consultants); observed RF program sessions related to DV; and synthesized information across grantee documents, published curricula, discussions with curriculum developers, and other published resources about RF services. More information about the PAIVED methodology and findings can be found in the [Preventing and Addressing Intimate Violence when Engaging Dads \(PAIVED\): Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs](#) report.<sup>33</sup>

### The PAIVED study

The Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED) study is funded by the Office of Family Assistance (OFA) and overseen by the Office of Planning, Research, and Evaluation (OPRE). PAIVED aims to identify approaches that federally funded Responsible Fatherhood (RF) programs use to contribute to DV prevention and intervention among fathers.

## Promising Practices Fatherhood Programs Use to Prevent and Address DV

RF programs use multiple promising practices along the prevention and intervention continuum to help prevent and address DV. Some of the practices are typically used to support efforts around prevention, while others mostly support intervention, and still others commonly span both prevention and intervention. Therefore, in this brief we categorize these practices as primarily (a) prevention, (b) intervention, or (c) both, based on how they most often were applied by the RF programs in this study.

These promising practices were informed by the PAIVED study. Practices were identified as promising if they had measurable results and reported successful outcomes. However, there was not enough evaluation research available to prove efficacy of these practices. These practices were also the most actionable strategies we heard about and were those that appeared most relevant for a broad set of fatherhood programs.

### Promising practices typically used for prevention

Prevention services are key for RF programs because many of the fathers in these programs have not previously and are not currently using or surviving DV. One promising practice identified in the PAIVED study is commonly used to support efforts to prevent DV:

- **Provide healthy relationships education.** RF programs support fathers' healthy relationships through curricula and other services that often include educational content and building skills with a focus on defining and fostering healthy relationships. The study team reviewed curricula that RF programs use or could use to support DV prevention. Curricula that seemed particularly well-suited for supporting DV prevention addressed topics such as gender norms/stereotypes, gender equity, features of healthy and unhealthy relationships, power dynamics, and emotional awareness and expression. The PAIVED study team spoke with some curriculum developers who emphasized the importance of both building skills and providing educational content. For example, some programs presented content about the importance of using nonviolent communication in conjunction with workshops focused on building healthy communication skills. Federally funded fatherhood programs are well-positioned to provide this type of education to prevent DV because their grants require them to provide services that support

building healthy relationships. A DV partner working with fatherhood programs also emphasized the usefulness of teaching about healthy relationships: “I think that if we worked more with helping both boys and girls, young men and women, understand how to have healthy relationships, I think we would see a decrease in DV.”<sup>34</sup> This approach also is grounded in an existing evidence base; some programs that teach healthy relationship skills have been shown to significantly reduce DV.<sup>35</sup>

## Promising practices typically used for intervention

One promising practice identified in the PAIVED study was used primarily as an intervention strategy when fathers use violence in their relationships:

- **Provide low-cost or free battering intervention program (BIP)<sup>c</sup> services to fathers who use violence in their relationships.** BIPs<sup>d</sup> services are intended for users of DV. Providing low-cost or free BIP services is important given that staff across all organizations participating in PAIVED identified cost as a major barrier to fathers receiving services for using DV. Although having users pay for these services is considered important for holding them accountable and therefore can be mandated by state BIP accreditations, a RF staff member noted that when the fathers are low-income, unemployed, homeless, or otherwise struggling financially, they will not pay for BIP services over food, rent, or other necessities.

The RF programs that participated in the PAIVED study currently use two promising practices to minimize cost:

- The first practice, used by two programs, is to include services relevant for users of violence as part of RF services. When RF programs have a high proportion of fathers who use DV (e.g., programs that receive referrals from the courts), offering services in-house may provide the best access for their participants. This option is not appropriate for all programs, and these services should be developed and provided in collaboration with organizations that specialize in services for users of violence, including BIPs. RF program staff acknowledged that they were not adequately trained to provide BIP-type services, but offering them in-house (facilitated by partner agency staff) eliminates barriers related to cost and access. In the words of one RF program staff member, “Had it been reversed, and it was still at their offices, our fathers couldn’t afford their services.”<sup>36</sup>
- The second practice is to negotiate with a partner agency for low-cost services for fathers who attend BIPs outside of the RF program. Although some programs from the PAIVED study had partnerships with BIPs to refer fathers who are in need of services for users of violence, only a few were able to work with the partner agency to reduce or eliminate the cost of fathers attending the partner’s BIP services.

The evidence about the effectiveness of BIPs is mixed, with some evaluations showing little or no impact, while others show significant reductions in violence. Some concerns also exist that BIPs tend to take a one-size-fits-all approach to intervention and often do not adapt to include cultural context.<sup>37,38</sup> However, many RF programs identified BIP services as important resources for fathers who use DV. In addition, as one example of using a practice designed for intervention as prevention, some RF programs open BIP services to fathers who report conflict in their relationships but do not have a history of DV. See the *Domestic Violence*

---

<sup>c</sup> Battering intervention programs are also commonly known as *batterer* intervention programs. Throughout this brief, we have chosen to use the term *battering* rather than *batterer* to emphasize that using domestic violence is a behavior, not an intrinsic characteristic or identity of a person.

<sup>d</sup> Most BIP participants in the United States are mandated as a consequence of arrest related to DV. To our knowledge, this does not describe the fathers referred to or participating in “BIPs” through RF services. Indeed, the programs did not refer to these services as “BIPs.” However, the services and curricula observed during the PAIVED study resemble the philosophy and education provided in a BIP. Therefore, we use the term “BIP” to describe these services.

*Referral Guide for Fatherhood Programs* for more information about BIPs and when they are appropriate, and a summary of their evidence base.<sup>39</sup>

## Promising practices used for both prevention and intervention

The PAIVED study identified three promising practices that are primarily used for both prevention and intervention:

- **Screen fathers for DV and its risk factors.** To provide intervention services, programs must first identify when DV has occurred. Moreover, programs may identify risk factors for DV to help prevent it from ever occurring. Toward this end, RF programs often screen for DV and associated risk factors as their first prevention or intervention strategy. RF programs consistently reported that their screening procedures were not adequate for identifying DV<sup>40</sup>; however, several promising practices for screening that emerged from the study may make identifying DV and its risk factors more successful:
  - **Screen fathers for both DV perpetration and survival, as well as related risk factors.** The screening process should not assume that because participants are men, they are always responsible for perpetrating violence. It also is important to probe for related risk factors, such as conflict in the relationship or correlated challenges (e.g., substance use) that may warrant follow up.
  - **Screen multiple times over the course of programming, not just once at the beginning.** Fathers often open up more as they gain trust in program staff and understand what constitutes DV through program education.
  - **Train staff on how to identify signs of DV.** This training allows staff to provide ongoing screening. For example, if a father says something during class that suggests he is at risk for DV, but he has not previously disclosed risk factors for using or surviving DV, trained staff can follow up with the father after the class to obtain more information.<sup>e</sup>
- **Provide general education about DV.** Some programs provide general education about DV, such as defining DV, discussing the intergenerational cycle of violence, and exploring society’s messaging about violence generally and DV specifically. This information can help prevent fathers from engaging in DV because understanding the meaning of DV and what it involves—including physical violence, control, coercion, and other unhealthy behaviors—is the first step toward knowing how to stop problematic patterns of behavior before they escalate. It also can serve as an intervention tool. For instance, RF program staff reported that fathers who use DV may not identify as a user of violence in part because they do not understand the meaning of DV. They also may have normalized violence because one or both of their parents were violent toward each other or them, or they are exposed to violence in their communities. Therefore, understanding the intergenerational cycle of violence and society’s messages about violence is essential for intervention. These topics also lend themselves to education around how to build a nonviolent home environment, including strategies for communicating—both generally and during disagreements—that are nonviolent. Within DV-specific curricula, two other key education topics for DV intervention also emerged from the study:
  - **Examine the underlying experiences that may contribute to men’s use of DV as a means to motivate change.** One way some curricula motivate change in DV behavior is by helping men examine and process some of the experiences that may contribute to their use of violence.<sup>41</sup> Fathers’ use of DV, for example, may be influenced by traumatic childhood experiences, such as being exposed to their parents’ DV. By understanding the belief systems that men who use

<sup>e</sup> *Healing and Supporting Fathers: Principles, Practices, and Resources to Help Address and Prevent Domestic Violence in Fatherhood Programs* provides helpful tips and case scenarios for responding to red flags during fatherhood classes. <https://www.acf.hhs.gov/opre/resource/healing-and-supporting-fathers-principles-practices-resources-for-fatherhood-programs-to-help-address-prevent-domestic-violence>

- violence have internalized from their past experiences, fathers may be better able to see how and why they need to change their behaviors. In particular, some curricula aim to help fathers explore how having a father who modeled using DV can influence how they currently treat their partner and child. As one RF program staff member stated, through this process, fathers begin to think, “That’s why I want to be different from my dad. . . I don’t want to do some of the things that my father did to my mother.”<sup>42</sup> Although considering the underlying experiences is important, many programs—like BIPs—still aim to hold those who behave violently accountable for their decision to use violence.
- **Use children’s well-being as a motivating factor to change.** A common topic covered by curricula designed to address DV (i.e., DV curricula) was the negative consequences of DV for children. Without explicit education on DV’s effects on children, fathers may not always make the connection that their children observe and internalize the DV they witness—especially when children are not the direct target of physical or emotional violence. Some program staff also perceived that fathers were more willing to participate and engage in class content when it addressed the consequences of DV for their children rather than the consequences for a partner. Some staff felt that by addressing the topic through their children, fathers were less defensive and more receptive to the content.
  - **Partner with local DV agencies.** Having the right partnerships is key to DV prevention and intervention. Many RF programs that participated in the PAIVED study engaged partner organization staff—often from local DV agencies—to provide supplemental DV education beyond what was provided by curricula or regular RF services and to train their own staff. For example, some DV agency staff visited RF programs once or twice per cohort of fathers to provide additional workshops with general and specific DV information. Some RF program staff expressed the view that fathers more openly discussed their past trauma, using or surviving DV, or DV-related questions during these supplemental workshops than during regular services. This supplemental education also may increase referrals for services because fathers sometimes talk to the partner staff after these workshops. In addition, RF staff reported that receiving staff training from their DV partners increased their knowledge of the meaning of DV, how to identify it, and how to address it safely and effectively. In addition, these partnerships helped establish “warm handoffs” in which a staff member from the RF program directly connects fathers to someone at the DV agency (or BIP) rather than just giving the father contact information for the DV agency. The goal of these “warm handoffs” is to increase fathers’ engagement in DV services and reduce stigma.

## Conclusion

By using these promising practices, many fatherhood programs play a role in supporting efforts to prevent DV and intervene when it occurs. Given the diversity of the fathers that these programs serve—including their experiences with DV (or lack thereof)—fatherhood programs are likely to be most successful if they think broadly about opportunities to include services that span the continuum of prevention through intervention. These multifaceted approaches require thinking about using best practices for screening and for including more universal educational topics relevant to DV prevention, as well as DV-specific educational topics for prevention and intervention. Fatherhood programs also may want to consider some of the promising practices described above for establishing key partnerships and providing staff training in DV.

In the section that follows, we provide an overview of the key takeaways from this brief around these multifaceted approaches. This section is designed specifically for practitioners and includes tips for using the practices outlined in this brief. While these practices are promising, future research should evaluate their efficacy, and confirm when and for whom they are most effective. Moreover, the mixed evidence regarding the efficacy of BIPs, particularly as they relate to reducing future DV, warrants further research around how best to incorporate BIP-like services into fatherhood programs.

# Takeaways for Practitioners

Several key takeaways from the brief above are likely to be useful for father-serving practitioners. Practitioners may want to consider ways to use some of these promising practices in their work to help prevent and address domestic violence (DV). These practices should be viewed as promising—many have not been rigorously tested to ensure that they work. Also see the additional resources listed in the next section for more information and tips to prevent and address DV.

---

## Understand the difference between prevention and intervention.

The terms “prevention” and “intervention” can be defined different ways. We broadly define prevention as services provided *before* DV occurs and/or when no DV has occurred. Intervention refers to services provided *after* DV has occurred. Both prevention and intervention are important to promote healthy families.

---

## Recognize the unique role of fatherhood programs in helping both to prevent DV and intervene when DV occurs.

Fatherhood programs are in a unique position to help prevent and address DV. Most of the fathers served in these programs were not previously, and are not currently, involved in an intimate relationship where DV occurs. But fatherhood programs may be able to identify, educate, and connect fathers to services when DV does occur because programs often serve fathers who have challenging circumstances (e.g., living in economically under-resourced communities, currently unemployed, re-entering after prison). These fathers may be at risk for DV or have a history of using or surviving DV.<sup>43</sup>

---

## Understand that preventing and addressing DV is complex, and acknowledge that fathers also may be survivors.

For fatherhood programs, fathers’ use of DV seemed to be a more pressing issue than fathers’ experiences around surviving violence. However, staff stressed that an important and often overlooked problem among practitioners and the community is a lack of understanding that fathers also can be survivors. Whether fathers use or survive violence, their situations are often complicated. For example, some men may use violence against a partner and survive violence at the same time. Moreover, most fathers have not and are not using violence, so approaching participants as if all men are violent may alienate them.

---

## To help prevent DV, provide healthy relationship education.

One approach fatherhood programs use to help stop DV before it happens is to provide every father in the program with education and skill building on healthy relationships. Fatherhood programs can discuss topics like gender norms/stereotypes, gender equity, the features of healthy and unhealthy relationships, power dynamics, and emotional awareness and expression. Programs can provide fathers with chances to learn about these topics and practice them in workshops.

**To help intervene when fathers use DV, provide low-cost or free battering intervention program (BIP) services.**

BIPs are services designed specifically for people who have used DV. Some fatherhood programs connected with BIPs in their community to refer fathers to these services. However, the cost of BIPs can make it challenging for some fathers to receive these services, but some BIPs believe that requiring users of violence to pay for services is an important way to hold them accountable. Some fatherhood programs have negotiated with the partner agency providing the BIP to reduce or eliminate the cost. Other programs provide in-house services for fathers who use violence, with partner agency staff serving as the facilitators. Both of these approaches may reduce the cost barrier for fathers.

---

**To both help prevent DV and intervene when DV has occurred, programs should:**

- **Screen fathers for DV and its risk factors.** Fatherhood programs often screen fathers to see whether they have used or survived DV. Screening also can show whether fathers have any risk factors for DV, which may mean these fathers could benefit from prevention services. As fathers gain trust in program staff over time, programs should consider screening again. Further, if programs train staff on how to identify signs of DV, staff can conduct ongoing screenings.
  - **Educate fathers on DV.** As a first step in helping to prevent DV, fatherhood programs can educate fathers about the meaning of DV, the intergenerational cycle of violence, and society's messaging about violence and DV. This education can help fathers recognize unhealthy behaviors before they occur. It also can help fathers who have used or survived DV recognize that these behaviors are unhealthy. Fatherhood program staff report that some fathers might not recognize they have used DV because they do not know how to identify a violent relationship. Fatherhood programs also can teach men about the impact of DV on children, which may provide important motivation for them to engage in healthy relationships with their partners.
  - **Establish partnerships with local domestic violence agencies.** Partnerships with domestic violence agencies look different across fatherhood programs. Partner DV agencies can provide supplemental education to fathers; take participant referrals; and train fatherhood program staff on DV, including how to identify it and address it safely and effectively. DV agencies that provide supplemental education and staff training can help to prevent and address DV. DV agencies receiving referrals can help to intervene when DV occurs. To better understand what referrals are appropriate for participants who have used or survived DV, see the Domestic Violence Referral Guide for Fatherhood Programs.<sup>44</sup>
-

# Additional Resources for Practitioners

## Intervention resources

These resources are for people who have used DV.

- [The National Domestic Violence Hotline](#): This hotline provides DV-related information and resources. Users and survivors of any gender and individuals with concerns about whether their relationship is healthy can call an advocate at 1-800-799-7233/1-800-787-3224 (TTY) or chat at [their website](#).
- [The National Network to End Domestic Violence](#): This webpage lists coalitions against DV in all 50 states and six U.S. territories. The coalitions also provide information about services, programs, and legislation that can help survivors.
- [Caring Dads](#): This intervention program is for fathers who have used violence. Caring Dads aims to help men be better fathers and have healthier co-parenting relationships. The 17-week program has providers in the United States, Europe, and Australia.
- [Strong Fathers](#): This program is for fathers who have a history of DV and aims to help them relate in safe and caring ways to their children, partners, and family members. The curriculum integrates parenting education with raising awareness of the effects of DV on children and partners. The 20-session program is based in North Carolina.
- [Addressing Fatherhood with Men Who Batter](#): This curriculum is for BIP and parenting/fatherhood facilitators who want to concurrently address parenting skills and intervene when fathers use DV. The curriculum focuses on fathers' experiences with their own fathers, the impact of DV on children, becoming a more nurturing father, and how to be non-abusive and more supportive with all family members.

## Prevention resources

These resources are prevention focused but may complement the intervention resources above.

- [Preventing Intimate Partner Violence Across the Lifespan](#): This technical package from the Centers for Disease Control provides DV prevention strategies, such as providing healthy relationship and parenting education.
- [Love is respect](#): This website provides information on key components of healthy relationships (e.g., boundaries, trust, and conflict resolution); types of abuse; and resources for survivors, users of violence, and loved ones of individuals experiencing DV.
- [The Center for Nonviolent Communication](#): This organization provides resources on nonviolent communication, including trainings, books, and articles.

## Resources for promoting intervention and prevention in fatherhood programs

- [Healing and Supporting Fathers: Principles, Practices, and Resources for Fatherhood Programs to Help Address and Prevent Domestic Violence](#): This document provides practical, user-friendly tips and resources to better serve fathers who are survivors of domestic violence or who have used violence in their relationships.
- [Trauma-Informed Approaches for Programs Serving Fathers in Re-Entry: A Review of the Literature and Environmental Scan](#): This report explores the trauma that fathers re-entering their communities

from incarceration experienced as children and during incarceration. It also provides guidance on developing trauma-informed approaches, with specific steps that fatherhood programs can take.

- [Addressing Domestic Violence](#): This toolkit provides guidance on how to address DV when working with fathers. Particularly relevant pages include Partnerships with Domestic Violence Prevention Organizations, Possible Guiding Principles for Partnering Agencies, Protocols to Guide Service Delivery, and Staff Training.

## Resources to support children after exposure to violence

- [Healing the Invisible Wounds: Children's Exposure to Violence](#): This guide provides information on age-appropriate signs exhibited by youth who have been exposed to violence and ways to help them feel safe. The resources section includes relevant hotlines, publications, and websites.
- [Changing Minds Now](#): This resource provides information about how parents can be protective factors when children are exposed to violence by teaching parents about resilience and emphasizing that loving parenting can counteract the effects of trauma.

## References

---

- <sup>1</sup> National Center for Injury Prevention and Control, Division of Violence Prevention. (2020). *Intimate partner violence: Preventing intimate partner violence*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>.
- <sup>2</sup> Bair-Merritt, M. H., Blackstone, M., & Feudtner, C. (2006). Physical health outcomes of childhood exposure to intimate partner violence: a systematic review. *Pediatrics*, *117*(2), e278-290.
- <sup>3</sup> National Center for Injury Prevention and Control, Division of Violence Prevention. (2020). *Intimate partner violence: Preventing intimate partner violence*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>.
- <sup>4</sup> Bair-Merritt, M. H., Blackstone, M., & Feudtner, C. (2006). Physical health outcomes of childhood exposure to intimate partner violence: a systematic review. *Pediatrics*, *117*(2), e278-290.
- <sup>5</sup> Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: a meta-analytic review. *Journal of Consulting and Clinical Psychology*, *71*(2), 339-352.
- <sup>6</sup> Wathen, C. N., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health*, *18*(8), 419-422.
- <sup>7</sup> Appel A.E. & Holden G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, *12*, 578-599.
- <sup>8</sup> Holden, G.W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, *6*(3), 151-160.
- <sup>9</sup> Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>10</sup> Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>11</sup> Jennings, W. G., Okeem, C., Piquero, A. R., Sellers, C. S., Theobald, D., & Farrington, D. P. (2017). Dating and intimate partner violence among young persons ages 15-30: Evidence from a systematic review. *Aggression and Violent Behavior*, *33*, 107-125.
- <sup>12</sup> Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>13</sup> Harper Brown, C. & Ung, T. (2019). *Protective factors for survivors of domestic violence*. Futures Without Violence. Retrieved from <https://dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/>.
- <sup>14</sup> Harper Brown, C. & Ung, T. (2019). *Protective factors for survivors of domestic violence*. Futures Without Violence. Retrieved from <https://dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/>.
- <sup>15</sup> Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization--national intimate partner and sexual violence survey, United States, 2011. *Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C.: 2002)*, *63*(8), 1-18.
- <sup>16</sup> Breiding, M. J., Chen, J., & Black, M. C. (2014). *Intimate partner violence in the United States - 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>17</sup> Cooper, A., & Smith, E. L. (2012). *Homicide trends in the United States, 1980-2008*. Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=2221>.
- <sup>18</sup> Catalano, S., Smith, E., Snyder, H., & Rand, M. (2009). *Bureau of justice statistics, selected findings: Female victims of violence*. Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/fvv.pdf>.
- <sup>19</sup> National Network to End Domestic Violence. (2017). *12<sup>th</sup> Annual domestic violence counts report*. Retrieved from <https://nnev.org/mdocs-posts/2017-report/>.

- 
- <sup>20</sup> Catalano, S., Smith, E., Snyder, H., & Rand, M. (2009). *Bureau of justice statistics, selected findings: Female victims of violence*. Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/fvv.pdf>.
- <sup>21</sup> Breiding, M.J., Chen J., & Black, M.C. (2014). *Intimate partner violence in the United States – 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>22</sup> Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization--national intimate partner and sexual violence survey, United States, 2011. *Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C.: 2002)*, 63(8), 1–18.
- <sup>23</sup> Cooper, A., & Smith, E. L. (2012). *Homicide trends in the United States, 1980-2008*. Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=2221>.
- <sup>24</sup> Stover, C. S., & Morgos, D. (2013). Fatherhood and intimate partner violence: Bringing the parenting role into intervention strategies. *Professional Psychology, Research and Practice*, 44(4), 247–256.
- <sup>25</sup> Askeland, I.R., Evang, A., & Heir, T. (2011). Association of violence against partner and former victim experiences: A sample of clients voluntarily attending therapy. *Journal of Interpersonal Violence*, 26(6), 1095–1110.
- <sup>26</sup> Berzenski, S. R., & Yates, T. M. (2010). A developmental process analysis of the contribution of childhood emotional abuse to relationship violence. *Journal of Aggression, Maltreatment & Trauma*, 19(2), 180-203.
- <sup>27</sup> Dion, R., Holcomb, P., Zaveri, H., D’Angelo, A. V., Clary, E., Friend, D., & Baumgartner, S. (2018). *Parents and Children Together: The complex needs of low-income men and how Responsible Fatherhood Programs address them* (OPRE Report No. 2018-18). Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>28</sup> Hampton, R., Oliver, W., & Magarian, L. (2003). Domestic violence in the African American community: An analysis of social and structural factors. *Violence Against Women*, 9(5), 533-557.
- <sup>29</sup> Sutton, T. E., Gordon Simons, L., Martin, B. T., Klopach, E. T., Gibbons, F. X., Beach, S. R., & Simons, R. L. (2019). Racial discrimination as a risk factor for African American men’s physical partner violence: A longitudinal test of mediators and moderators. *Violence Against Women*, 26(2), 164-190.
- <sup>30</sup> Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>31</sup> Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner abuse*, 3(2), 231–280.
- <sup>32</sup> National Academies of Sciences, Engineering, and Medicine. (2017). *Countering violent extremism through public health practice: Proceedings of a workshop*. National Academies Press.
- <sup>33</sup> Karberg, E., Parekh, J., Scott, M. E., Areán, J. C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., & Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, successes, and promising practices from Responsible Fatherhood programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>34</sup> Karberg, E., Parekh, J., Scott, M. E., Areán, J. C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., & Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, successes, and promising practices from Responsible Fatherhood programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>35</sup> Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>36</sup> Karberg, E., Parekh, J., Scott, M. E., Areán, J. C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., & Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, successes, and promising practices from Responsible Fatherhood programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

- 
- <sup>37</sup> Ferraro, K.J. (2017). *Current research on batterer intervention programs and implications for policy*. Minneapolis, MN: Battered Women's Justice Project. Retrieved from <https://www.bwjp.org/assets/batterer-intervention-paper-final-2018.pdf>.
- <sup>38</sup> Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*. Thousand Oaks, CA: Sage Publications.
- <sup>39</sup> Briggs, S., Areán, J. C., Wasik, H., Scott, M., Davis, L., & Bair-Merritt, M. (2020). *Domestic violence referral guide for fatherhood programs*, OPRE Report # 2020-54, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>40</sup> Karberg, E., Parekh, J., Scott, M. E., Areán, J. C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., & Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, successes, and promising practices from Responsible Fatherhood programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>41</sup> Healey, K., Smith, C., & O'Sullivan, C. (1998). *Batterer intervention: Program approaches and criminal justice strategies*. Retrieved from <https://www.ncjrs.gov/pdffiles/168638.pdf>.
- <sup>42</sup> Karberg, E., Parekh, J., Scott, M. E., Areán, J. C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., & Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, successes, and promising practices from Responsible Fatherhood programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>43</sup> Karberg, E., Aldoney, D., & Cabrera, N. J. (2017). Fatherhood policies and programs in America. In C. Mazza & A. R. Perry (Eds.), *Fatherhood in America; Social work perspectives on a changing society*. Springfield, IL: Charles C. Thomas Publisher.
- <sup>44</sup> Briggs, S., Areán, J. C., Wasik, H., Scott, M., Davis, L., & Bair-Merritt, M. (2020). *Domestic violence referral guide for fatherhood programs*, OPRE Report # 2020-54, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

# Acknowledgements

**This brief was submitted to:**  
Samantha Illangasekare, Project Officer  
Kriti Jain, Project Advisor  
Office of Planning, Research, and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services  
[www.acf.hhs.gov/opre](http://www.acf.hhs.gov/opre)

**Contract number:** HHSP233201500034I  
Project Director: Mindy E. Scott  
Child Trends  
7315 Wisconsin Ave, Suite 1200W  
Bethesda, MD 20814  
[www.childtrends.org](http://www.childtrends.org)

This brief is in the public domain. Permission to reproduce is not necessary.

**Suggested citation:** Wilson, A., Karberg, E., Wasik, H., Scott, M.E., Laurore, J., Areán, J. C., & Bair-Merritt, M. (2020). *Domestic Violence Prevention and Intervention in Fatherhood Programs*, OPRE Report # 2020-53, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

**Disclaimer:** The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This brief and other reports sponsored by the Office of Planning, Research, and Evaluation are available at [www.acf.hhs.gov/opre](http://www.acf.hhs.gov/opre).

**Acknowledgements:** The authors extend their gratitude to the Office of Planning, Research, and Evaluation (OPRE) in the U.S. Department of Health and Human Services' Administration for Children and Families for supporting this research. We would like to thank Samantha Illangasekare and Kriti Jain, in particular. The authors also thank the Office of Family Assistance for providing funding for this research and sharing key information and insights about the grantees throughout the project, and the Family Violence Prevention and Services program for their thoughtful reviews. The authors greatly appreciate the grantees' time and assistance with the PAIVED study. This brief would not have been possible without the support of many colleagues from Child Trends, including Jenita Parekh and Lisa Kim. We would also like to thank Rubén Parra-Cardona for his substantive review, and Catherine Nichols for her excellent design work.



[Sign-up for the  
ACF OPRE News  
E-Newsletter](#)



Like OPRE on Facebook  
[facebook.com/OPRE.ACF](https://facebook.com/OPRE.ACF)



Follow OPRE on Twitter  
[@OPRE\\_ACF](https://twitter.com/OPRE_ACF)



Follow OPRE on  
Instagram  
[@opre\\_acf](https://www.instagram.com/opre_acf)