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Domestic Violence Referral Guide for Fatherhood Programs

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Introduction

This brief provides information to help fatherhood practitioners better understand what referrals are appropriate for participants who have used or survived domestic violence (DV).[a]

Fatherhood programs are typically curriculum-based group classes that provide fathers with resources and education to promote parenting and father-child engagement, economic stability and mobility, and healthy romantic and co-parenting relationships.[1] Historically, family-related social services in the United States have focused on programming for mothers, and engaging fathers in services has proven challenging.[2,3] However, fatherhood programs have demonstrated uncommon success in their ability to connect with fathers. With their focus on fathers' relationships with their children and partners, fatherhood programs are in a unique position to assess whether their participants are using or surviving DV, to respond to violence in helpful ways, and to connect participants with appropriate, specialized services.

Current federal efforts to better understand the approaches fatherhood programs use to address and contribute to preventing DV have identified some specific implementation barriers and successes, as well as promising practices.[4] One barrier this work identified is that while many fatherhood programs assess or screen participants for DV perpetration and victimization, some programs want clarification regarding which services are available for men who use DV, and which services are for those who are surviving DV.[5] Specifically, some programs want more information about the differences between DV agencies, battering intervention programs (BIPs),[b] and anger management programs. In this brief we present information about the history of these three types of programs, the population each program serves, the services each program typically provides, when it is appropriate to refer to each program, and research on the effectiveness of each program. Throughout, we emphasize the importance of fatherhood programs collaborating with DV agencies and BIPs for their expertise in assessing, referring, and working with participants using or surviving DV. Importantly, this brief does not provide guidance on how to identify DV, how to conduct a risk assessment, or how to develop a safety plan with a participant who is surviving DV.

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[a] This resource was created through the Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED) study to support and inform Responsible Fatherhood (RF) programs funded through the Office of Family Assistance within the U.S. Department of Health and Human Services, Administration for Children and Families. PAIVED sought to understand approaches that fatherhood programs use to contribute to domestic violence prevention and intervention, as well as the approaches' successes and challenges. For more information on the study, visit the PAIVED website. Although PAIVED focused on federally funded Responsible Fatherhood programs, the authors of this referral guide intend for it to be a resource for all fatherhood programs, regardless of federal funding.

[b] 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.

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Key Takeaways

For fatherhood programs that determine or suspect that DV is occurring in their participants' relationships, general guidelines for making referrals include:

- If a fatherhood program believes that their participant is *using DV*, then they should refer to a local BIP. If no BIP is available, fatherhood programs should refer to a therapist who specializes in DV or consult with a local DV agency or state DV coalition on how to proceed.
- If a fatherhood program believes that their participant is *surviving DV*, then they should refer to a local DV agency.
- If a fatherhood program believes that DV is occurring but is unsure whether their participant is *using* or *surviving violence* (or both), then the fatherhood program should consult with a local DV agency or refer directly to a local DV agency for further assessment.
- If a fatherhood program finds that their participant *struggles with controlling their anger outside of their relationships* (e.g., at work, in class, when driving, when interacting with friends or strangers), then they may want to refer to an anger management program or therapist.

Additional background information and guidelines on referrals are provided below.

Key terms

Domestic violence (DV) – A pattern of abuse by a current or former intimate partner, including physical and sexual violence, stalking, and psychological abuse. Financial abuse may also be used to control an intimate partner. Another term for domestic violence is **intimate partner violence (IPV)**.

Individuals who use DV – Those who behave/act violently against an intimate partner. Other terms for this behavior are **DV perpetration** and **battering**.

Individuals who survive DV – Those whose intimate partner used or currently uses violence against them. Another term for this experience is **DV victimization**.

Problematic anger – Feelings and expressions of anger, hostility, or aggression that are frequent or intense and interfere with day-to-day routines and interactions. Other terms for problematic anger are **anger regulation problems** and **anger control**. **problems**.

Historical Background

DV agencies, BIPs, and anger management programs have unique histories and philosophies that shape the way each type of program operates today. In this section, we provide background information on each program to help readers understand (1) the distinctions between each type of organization or program, (2) the population(s) each program serves, (3) the services each program provides, and (4) the research evidence supporting the effectiveness of each type of service.

Domestic violence agencies

DV agencies serve survivors or victims of domestic violence. DV services originated in the 1970s with the "battered women's movement." This movement organized to provide grassroots support and shelter to women who were surviving or escaping abusive relationships.[6,7] The battered women's movement emerged from the feminist movement of the 1960s and 1970s that understood violence in intimate relationships as an important social issue rooted in gender inequality and patriarchy.[8] By the 1980s and 1990s, the battered women's movement had grown to include large DV coalitions and hundreds of professionalized shelters. During that time, the movement also achieved significant recognition of DV as a social and public health problem. Extensive grassroots efforts secured the passage of the Family Violence Prevention Services Act (FVPSA) in 1984, which established the primary dedicated federal funding stream for survivor services, such as emergency shelters, crisis intervention, legal assistance, the National Domestic Violence Hotline, and state DV coalitions.[9,10] A decade later, the Violence Against Women Act (VAWA) acknowledged DV as a

crime at the federal level and expanded justice system responses to DV.[11,12,13] VAWA also provided resources to support coordinated community responses to DV.[14]

DV agencies recognize that abuse is a way to exercise power and control over the victim, and that it not only includes physical violence, but also encompasses isolation, intimidation, coercion, economic abuse, sexual abuse, and other forms of abuse.[15] Both the early battered women's movement and most contemporary DV agencies understand DV as a form of gender-based violence in which typically men abuse their female partners as part of a culture that supports men's dominance over women.[16,17] Although most DV agencies hold this feminist perspective on DV, they also recognize that violence between intimate partners affects people of all gender identities and sexual orientations. As such, domestic violence agencies serve male, female, non-binary, and transgender survivors of abuse in heterosexual and same-sex relationships.

An important criticism of the mainstream DV movement is that it has focused primarily on the needs, experiences, and understanding of white, middle-class survivors of DV.[18] Critics state that the DV movement has failed to consider how race, class, and other forms of structural oppression shape the needs, experiences, and understanding of more marginalized survivors, including Black, undocumented, and LGBTQ survivors.[19,20] The development of culturally specific DV organizations has been one way to better meet the needs of more marginalized survivors, and recent research has demonstrated the importance of these culturally specific services for the well-being of survivors belonging to racial or ethnic minorities.[21]

Battering intervention programs (BIPs)

Battering intervention programs (BIPs) are group-based, psycho-educational programs that serve individuals who have used violence in a relationship.[22,23] Historically, these services proliferated in the 1980s and 1990s; during this period, the number of DV shelters grew and the criminal justice system established new legal responses to DV, including arrest and prosecution of individuals who use violence against their partners. During this time, the Domestic Abuse Intervention Project (DAIP) and the community of Duluth, MN, pioneered the now popular concept of coordinated community response (CCR). CCR involves multiple institutions in a community (e.g., police, courts, social services) working together to hold individuals who have used DV accountable for their actions.[24] As part of the CCR focus on accountability, courts began to mandate that individuals with DV cases attend and complete BIP services.[25]

Like DV agencies, many older BIPs have roots in the battered women's movement; however, newer BIPs may operate without any relationship to the DV movement, which is of concern to some DV advocates.[26] Often, older BIPs also understand DV from a feminist perspective: Violence in intimate relationships is a result of gender inequality under patriarchy.[27,28,29] These BIPs do not perceive DV as an anger problem or loss of control; rather, they view violence toward an intimate partner as a choice to exercise power and control over a partner, which is based in sexism and gender socialization.[30,31] However, there is variation among BIPs, and some programs focus more on individual causes of abusive behavior and less on societal explanations.[32] BIPs have been evaluated multiple times with individuals who use DV and have shown mixed results with regard to DV recidivism.[33,34] Some programs have shown little or no impact on individuals' use of domestic violence, while others have shown significant reductions in violence. A thorough review of this evidence is available from the Battered Women's Justice Project.[35]

The most prevalent BIP models are based on DAIP in Duluth, MN, and Emerge in Boston, MA, although there is considerable variation and innovation happening today.[36] An increasing number of BIPs are moving beyond established models of intervention; they are exploring trauma-informed approaches, using fatherhood and culture as a motivator for change, and providing "wraparound" case management services for people who have used violence.[37,38] Most BIPs will serve women, usually in women-only groups, but there is debate in the field as to whether BIP services or DV agency services are most appropriate for women who use DV.[39,40] The majority of BIPs today will also serve LGBTQ individuals, but few BIPs make program adaptations or provide services tailored specifically to this population.[41,42]

Anger management programs

Anger management programming serves individuals who have difficulty regulating their anger. External and internal factors can cause people to become angry; anger management focuses on an individual's emotions and emotional responses to these anger triggers, either through group-based programs or individual therapy.[43,44] Individuals with problematic anger are likely to have expressed anger or aggression toward multiple people, including those outside of their families and intimate relationships. Research suggests that use of cognitive-behavioral therapy (CBT) and other psychological treatments for anger management can be effective in treating problematic anger.[45,46]

Anger management programs are commonly confused with BIPs, but the two interventions have important differences. While the histories of both DV agencies and BIPs are nested in the battered women's movement, anger management programs are rooted in the broader history of anger and anger regulation in the fields of psychology and cognitive research.[47,48,49,50] Anger management is an intervention for anyone who uses problematic anger, whereas BIPs are interventions specifically for people who use DV. Anger management emphasizes the individual's internal world; it typically does not focus on the victim of the individual's anger, the DV dynamics of power and control, or the social or cultural factors that promote an individual's use of violence.[51] We have found no literature documenting a historical relationship between anger management programs and DV agencies, likely because anger management is not a DV-specific intervention. To the best of our knowledge, there is little research evaluating anger management specifically as an intervention for people who use DV; however, one non-experimental study comparing BIP and anger management found that completing BIP was associated with lower rates of recidivism compared to completing anger management, and that completing anger management had no effect on recidivism relative to not completing anger management.[52]

Comparing Services of DV Agencies, BIPs, and Anger Management Programs

The distinct histories and philosophies of DV agencies, BIPs, and anger management programs mean that, although they all deal with violence or aggression in some form, they serve different populations, provide unique services, and have different goals. However, these differences are not always clear to fatherhood practitioners who need to know where to refer participants who are using or surviving DV.[53] The following table summarizes key information that can help practitioners decide which type of referral is appropriate for each participant, although it should be noted that programs in each category vary by organization and location, and may not all include all the services listed.

Table 1. Key features of services provided by DV agencies, BIPs, and anger management programs

	Domestic violence (DV) agencies	Battering intervention programs (BIPs)	Anger management programs
Population served	Survivors of domestic violence	Individuals who have used domestic violence	Individuals with problematic anger
Service(s) provided	Services typically include: • Psycho-educational support groups • Crisis counseling • Case management • Legal advocacy • Emergency shelter • Transitional housing May also provide: • Individual therapy • Services for children	Services typically include: • Psycho-educational groups • Lethality and risk assessments • Contact with victim • Contact with court May also provide: • Case management • Individual counseling	Services typically include: • Psycho-educational groups Or • Individual counseling
Goals	Support survivors to: • Increase their safety • Have agency and self-determination • Leave abusive relationship, if they wish • (Re)build abuse-free lives	Educate people who use DV to: • Identify forms of abuse • Understand abuse as a tool of power and control • Understand abuse as a choice • Take accountability for abuse • Understand the impact of abuse on partners and children • Learn non-violent behaviors • Change behavior	Educate people with problematic anger to: • Recognize feelings of anger • Identify triggers for anger • Change response to anger • Use techniques for controlling anger and emotional reactions
Features	Services are: • Voluntary • Confidential	• Participants are sometimes required to waive confidentiality to allow program staff to update court and survivor • Program will inform the survivor if they believe the survivor is in danger[54,55] • Typically court-mandated for acts of domestic violence	• May be taught in a group-based setting following a curriculum • May be an individualized intervention with a therapist • Can be court-mandated for public acts of aggression
Duration	Duration of services is determined by the survivor	• Groups typically meet once a week • Duration ranges from 12 to 52 weeks, on average 24 to 26 weeks[56]	Group-based: • Groups meet once a week • Duration ranges from 6 to 26 weeks, on average 10 to 12 weeks[57] Individual counseling: • Individual and provider decide frequency and duration of treatment

	Domestic violence (DV) agencies	Battering intervention programs (BIPs)	Anger management programs
Cost	No cost to survivor	Cost ranges from $5 to $50 per session • Often have sliding scale for low-income participants • Payment is a form of accountability	• Group-based programs range from $150 to $1,000 in total[58] • Cost of individualized anger management varies by provider and is similar to the cost of other mental health counseling
Accreditation	• DV agency standards are set by funders, primarily FVPSA • No state-level accrediting bodies	Statewide accrediting bodies set BIP standards, including:[59,60] • Program duration • Program content • Confidentiality policies • Victim notification policies • Staff training requirements • Staff educational requirements	• Group programs are not regulated by any state or national accrediting bodies[61] • Individual mental health providers are subject to the licensure requirements for their field • Additional anger management certification is voluntary

Choosing Which Referral to Make

If fatherhood programs determine or suspect that DV is occurring in their participants' relationships, the most appropriate referral will depend on whether they assess that the participant is using violence against their partner, surviving violence from their partner, or both. Broadly, it is important for fatherhood programs to partner with a local DV agency and consult the DV agency whenever they are unsure of what to do. Fatherhood practitioners should recognize that participants may already be receiving, or may have previously received services from a BIP, DV agency, or anger management program, or that participants may have preconceived notions about these services.

General guidelines for making referrals include:

- If a fatherhood program believes that their participant is using DV, then the most appropriate referral is to a local BIP, if available.
- If a fatherhood program believes that their participant is using DV and there is no BIP available, the next appropriate referral is to a therapist who specializes in DV. If a specialized therapist is not available or feasible, the fatherhood program should consult with a local DV agency or state DV coalition on the best way to proceed, as referrals to programs or providers who do not specialize in DV (e.g., anger management services) may be harmful.
- If a fatherhood program believes that their participant is surviving DV, then the most appropriate referral is to a local DV agency.

- If a fatherhood program believes that DV is occurring but is unsure whether their participant is using or surviving violence (or both), then the fatherhood program can consult with a local DV agency to determine the most appropriate referral, or refer directly to a local DV agency for further assessment. Some DV agencies have partnerships with BIPs and may be able to refer individuals to a local BIP if they determine it is appropriate.

DV agency services and BIPs are designed specifically to address DV victimization and perpetration. DV agencies and BIPs have shared roots in the battered women's movement and target two sides of the same problem. Because anger management does not teach about the dynamics and causes of DV, it is not considered an appropriate referral for an individual who is using DV.

- If fatherhood programs find that their participants struggle with controlling their anger outside of their relationships (e.g., at work, in class, when driving, when interacting with friends or strangers), then the most appropriate referral may be to an anger management program or therapist.

Additional Challenges to Consider

In addition to a lack of clear information about services for DV perpetration and victimization, fatherhood programs may face additional barriers to connecting their participants with appropriate DV services; these barriers include the cost of BIPs and the perception that DV agencies do not serve male survivors.[62] The final section of this brief addresses these challenges and potential strategies to address them.

BIP cost. One obstacle to low-income men's participation in BIPs is that BIPs typically charge fees to participants. The cost of BIP fees vary, and even on a sliding scale, each session costs at least $5, often more. BIPs charge fees both because funding streams are limited and because they view charging fees as one way to hold individuals who use violence accountable—literally making them pay for their actions.[63,64,65] In many states, BIP accreditation standards require that BIPs charge fees to participants.[66] In some states, for a participant who has an open case with a child welfare agency, the child welfare agency may be able to pay for a BIP if BIP services are included as part of the individual's service plan with the child welfare agency. Otherwise, financial assistance for BIP services is rare.

The obstacle created by BIP fees is particularly relevant to fatherhood programs, since they often serve men with low income. For fatherhood participants who are using violence and are court mandated to attend a BIP but cannot afford the fees, fatherhood programs may consider the option of assisting the participant with the cost of attending a BIP.[c] Where possible, fatherhood programs could consider using their relationships with BIPs to set up a "warm" referral for participants; this involves connecting participants directly with a staff member at the BIP rather than just providing them with the BIP's contact information.[67] Fatherhood programs that regularly have participants who need to attend a BIP may even work with the BIP to negotiate reduced or free rates for fatherhood program participants, possibly in exchange for having fatherhood program staff provide sessions on fatherhood at the BIP.[68]

To support fathers who are not court mandated to attend BIP but would benefit from BIP content, fatherhood programs may consider partnering with local BIPs to provide similar services in-house.[69] By providing BIP-type services in-house, fatherhood programs can make BIP content accessible to participants in an environment where participants have already established trust and rapport with program staff and fellow participants; in addition, this strategy allows fatherhood programs to reach fathers who would benefit from BIP content but have not used DV. For example, a federally funded Responsible Fatherhood program that provides BIP-type services in-house makes the classes open to all participants, regardless of

[c] Fatherhood programs considering ways to assist their participants with the cost of BIPs will need to examine their funding restrictions and requirements as some funding mechanisms will not allow programs to cover BIP fees.

whether the fathers were using DV. This class, which the fatherhood program calls "Emotional Empowerment Training," has a more preventative focus than traditional BIPs and seeks to help fathers cope with challenges both in their romantic relationships and other aspects of their lives.[70,71] One focus for future research is to study the effectiveness of approaches like these (e.g., providing BIP-type services in-house), and identify best practices based on established partnerships.

Stigma and lack of awareness of services for male survivors. When fatherhood participants need services because they are surviving DV, they may struggle with stigma and a perception that DV agencies do not serve male survivors. As described above, DV is typically understood as a gendered phenomenon in which men are perpetrators and women are victims. Even though this paradigm has started to shift, some people may still believe than men cannot be survivors of DV. As a result, men may be less likely to identify as survivors of DV and may experience distinct shame and stigma around being a survivor.[72] Moreover, fatherhood practitioners may also mistakenly believe that DV agencies do not serve men, but this assumption is inaccurate. Although DV agencies originated to serve women in abusive relationships with men, today, DV agencies provide emergency shelter, counseling, legal representation, and other services to survivors of all gender identities and sexual orientations.

DV agencies can play a role in supporting fatherhood programs to address DV by educating fatherhood program staff about DV; this includes developing staff's understanding of men as survivors and raising their awareness of the services available to male survivors. In turn, fatherhood programs may be able to support DV agencies in engaging nonviolent men as allies in support of DV agencies' mission to end DV. Fatherhood programs and DV agencies that often overlap in the families they are serving can consider meeting regularly to discuss the needs of individual participants, particularly those surviving DV, using these meetings to develop tailored next steps, and troubleshoot challenges.[73] An additional step to support male survivors in accessing DV agency services is to set up a "warm" referral system in which fatherhood program staff connect participants directly with a member of staff at the DV agency.[74]

Future Directions

The DV referral guidance provided in this brief reflects an important contribution to current efforts to address and contribute to the prevention of DV through the direct engagement of fathers. Given fatherhood programs' unique access to fathers, strengthening fatherhood programs' ability to address DV through both education of program staff and collaboration with DV agencies and BIPs is an important step toward reaching this population.

This brief has sought to clarify the key features of DV agency services, BIPs, and anger management programs and explain how they differ, so that fatherhood practitioners can feel informed and confident about making appropriate referrals for fatherhood participants who are using or surviving DV. We also hope this brief helps fatherhood practitioners to better understand why anger management is not an appropriate referral for participants who are using DV. Despite challenges, BIPs are currently the best strategy for reducing or eliminating abusive behavior among fathers who have used DV, which is critical to fathers' ability to (re)build healthy relationships with their children.[75]

This brief has also highlighted some difficulties fatherhood programs encounter when addressing DV with participants, and provided some strategies for overcoming these challenges. Overall, this discussion of access to DV and BIP services for fatherhood participants has underscored the importance of building meaningful working relationships between fatherhood programs, DV agencies, and BIPs at the local level. Ongoing efforts to foster increased understanding and stronger ties between these organizations will be essential to meeting the needs and ensuring the safety of all fatherhood participants and their families.

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