

# Fathering agency staff members' perspectives on domestic violence

Philadelphia Fatherhood Practitioner's  
Network – Family Violence Sub-Committee



THE PHILADELPHIA FATHERHOOD  
PRACTITIONERS NETWORK

# Presentation Objectives

- Background and rationale for study
- Methods
- Results
- Conclusions
- Next steps

# PFPN FVSC – Who was part of this?

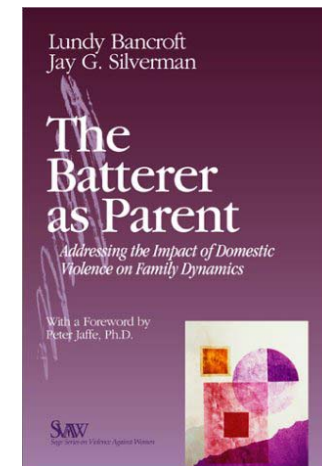
- Bureau of Child Support Enforcement
- Congreso (<http://www.congreso.net/Site/Home/Home.htm>)
- Department of Family Medicine and Community Health (<http://www.uphs.upenn.edu/fampract/>)
- Healthy Start North (<http://www.phila.gov/health/units/mcfh/HS/hs.html>)
- Impact Services (<http://www.impactservices.org/>)
- Institute for Safe Families (<http://www.instituteforsafefamilies.org/>)
- Father's Legal Advocacy Group
- Mayor's Office of Community Services (<http://www.phila.gov/mocs/>)
- Menergy (<http://www.menergy.org/>)
- Philadelphia Fatherhood Practitioners Network (<http://www.pfpn.org/>)
- Philadelphia Health Management Corporation (<http://www.phmc.org/>)
- Philadelphia Workforce Development Corporation (<http://www.pwdc.org/>)
- Resources for Children's Health (<http://www.phmc.org/affiliate/rch2.asp>)
- Youth Services Incorporated (<http://www.ysiphila.org/>)

# DV and Families

- Domestic violence is a **highly prevalent** public health issue affecting individuals and families as a unit
- Domestic violence has been shown repeatedly to have a **negative impact** on family members either directly or indirectly exposed
- The **family unit** is a central feature whose particular risk and protective factors shape the identification and treatment of domestic violence

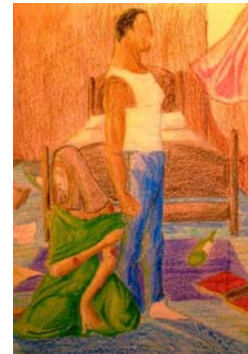
# Why should fathering providers be involved?

- Domestic Violence = Parenting Issues
- Parenting organizations are likely to be involved with families affected by domestic violence
- Therapeutic and privileged nature of the relationship
- Unique opportunity to:
  - Screen
  - Diagnose
  - Refer
  - Prevent abuse and neglect



# Risk to Children from Batterers

- Exposure to threats or acts of violence towards their mother
- Undermining mother-child relationships
- Batterer as a role model
- Rigid, authoritarian parenting
- Physical or sexual abuse of the child by the batterer
- Abduction
- Neglectful or irresponsible parenting
- Psychological abuse and manipulation
- Exposure to violence in their father's new relationships



# Response of fathering providers

- The content of **parenting curricula** should be modified if domestic violence is present
- Staff need to know **how to respond** to domestic violence when identified among their clients

# The Philadelphia Fatherhood Practitioners Network (PFPN)

- Initially convened in 1999 by Resources for Children's Health in recognition of the need to work collaboratively with other agencies and programs serving men
- Consortium of more than fifty agencies and organizations that provide services to fathers and men
  - social services agencies
  - departments of city government
  - schools and universities
  - neighborhood councils
  - health centers
  - criminal justice organizations
  - churches
- Initial work focused on networking to share information and resources
- Now with an expanded mission to include the promotion of collaborative services, education and advocacy efforts on behalf of fathers about policy and legal issues

# PFPN Services

- Meetings to educate and inform providers about fathers' issues and services
- Collaborative projects to build services for fathers to address legal, employment and parenting issues
- Coordinated services for fathers through the development of a database, web site and mailing list
- Advocacy on behalf of fathers about policy issues, legal issues, and program development

# PFPN: Committee work

- Three committees were developed to focus on specific identified needs of the men serviced in participating organizations:
  - **Family Violence Committee:**
    - Contact: Silvana Mazella, Health Start North, 215-685-2457, [silvana.mazzella@phila.gov](mailto:silvana.mazzella@phila.gov)
    - Willie Ellison, Youth Services, Inc., 215-387-2050, [wellison@ysiphila.org](mailto:wellison@ysiphila.org)
  - **Fatherhood Action Committee:**
    - Contact: Gilbert Coleman, MOCS, 215-685-.9731, [gilbert.coleman@phila.gov](mailto:gilbert.coleman@phila.gov)
  - **Policy Committee:**
    - Contact: Jeanne Ciocca, RCH, 215-985-2541, [jeanne@phmc.org](mailto:jeanne@phmc.org),
    - Ray Jones, Impact Services, 215-423-2955, ext.146, [rjones@impactservices.org](mailto:rjones@impactservices.org)

# PFPN FVSC – Mission Statement

- Raise awareness of family violence among fatherhood practitioners;
- Raise awareness of the effect of family violence and childhood exposure to violence, abuse, and trauma on parenting and childhood experience;
- Infuse family violence information into existing fatherhood curricula; and
- Develop and implement training modules regarding screening and referral for family violence that are father-friendly and appropriate to male practitioners

# Objective

- To describe behaviors and barriers of parenting staff concerning domestic violence

# Methods

- Survey items were developed with **four major domains** of inquiry:
  - *Individual barriers,*
  - *Agency-level barriers,*
  - *Individual behaviors, and*
  - *Individual demographics*
- Our measure of association was the **odds ratio** with p-values calculated for each point estimate.
- **Logistic regression** was used to compute odds ratios with chi<sup>2</sup>-values derived from **likelihood-ratio estimates**
- **Bonferroni** adjustments are provided to further assist the reader in interpreting the data

# What did the sample look like?

- A total of **85 providers** from 10 CBOs providing fathering services completed surveys; the sample had **more men** than women (56.5% vs. 40.0%); the **average age** was 40.5 (SD=13.7); and the **majority** were **African American or Black** (72.9%; 11.8% Latino and 9.4% White).
- The **majority of providers** reported **not routinely inquiring** regarding DV, CV or perpetration (61.2%, 58.8% and 67.0% respectively)
- The **vast majority of providers** reported **low levels** (<1-5% prevalence) of adult DV, CV or perpetration amongst their clients (76.4%, 74.2% and 81.2% respectively)

# Who answered the questions?

Demographic	N (%)
<b>Gender</b>	
Female	34 (40.0)
<b>Male</b>	<b>48 (56.5)</b>
<b>Age</b>	40.5 {13.7} [18-79]
<b>Race / Ethnicity</b>	
Latino/Hispanic	10 (11.8)
<b>AA/Black</b>	<b>62 (72.9)</b>
White	8 (9.4)
<b>Years as a parenting provider</b>	
<b>0 to 3 yrs</b>	<b>29 (34.1)</b>
4 to 6 yrs	17 (20.0)
7 to 10 yrs	5 (5.9)
<b>&gt; 10 yrs</b>	<b>26 (30.6)</b>
<b>Hours of domestic violence training in the last 5 years</b>	
<b>None</b>	<b>15 (17.7)</b>
< 1 hr	5 (5.9)
1 to 2 hrs	8 (9.4)
<b>3-5 hrs</b>	<b>21 (24.7)</b>
<b>&gt; 5 hrs</b>	<b>32 (37.7)</b>

# What did staff report doing?

	YES	NO
I have a standard way of asking clients if they have been victims of DV	35 (41.2)	<b>50</b> <b>(58.8)</b>
I have a standard way of asking clients if they have experienced CV	37 (43.5)	<b>48</b> <b>(56.5)</b>
I have a standard way of asking clients if they have been perpetrators of DV	27 (31.8)	<b>57</b> <b>(67.1)</b>
I routinely ask my clients if they have been victims of DV	33 (38.8)	<b>52</b> <b>(61.2)</b>
I routinely ask my clients if they have been victimized as children	35 (41.2)	<b>50</b> <b>(58.8)</b>
I have considered asking my clients if they have been perpetrators of DV	42 (52.9)	39 (45.9)
I routinely ask my clients if they have been perpetrators of DV	27 (31.8)	<b>57</b> <b>(67.1)</b>

# Are staff identifying DV?

	Never	<1 Year	<5 Years
I have identified a client of mine as a victim of DV	24 (28.2)	41 (48.2)	18 (21.2)
I have identified a client of mine with CV	26 (30.6)	42 (49.4)	14 (16.5)
I have identified a client of mine as a perpetrator	40 (47.1)	29 (34.1)	10 (11.8)

# What about the agencies?

Agency Infrastructure	Agree [N (%)]	Disagree [N (%)]			
<b>My agency requires DV training for staff</b>	31 (36.5)	<b>52 (61.2)</b>			
My agency offers DV training for staff	45 (52.9)	39 (45.9)			
My agency has a policy or protocol to document and address DV issues	42 (49.4)	42 (49.4)			
<b>My agency has a policy or protocol addressing staff affected by DV issues</b>	35 (41.2)	<b>47 (55.3)</b>			
My agency/organization has DV literature available to clients	58 (68.2)	25 (29.4)			
Estimates of Prevalence	< 1%	1-5%	6-10%	11-20%	> 20%
In the past year, the % of my clients who have reported being <b>victims of DV</b> is:	<b>41 (48.2)</b>	24 (28.2)	9 (10.6)	3 (3.5)	3 (3.5)
In the past year, the % of my clients who have reported <b>experiencing CV</b> is:	<b>40 (47.1)</b>	23 (27.1)	6 (7.1)	2 (2.4)	8 (9.4)
In the past year, the % of my clients who have reported being <b>perpetrators of DV</b> is:	<b>52 (61.2)</b>	17 (20.0)	4 (4.7)	1 (1.2)	2 (2.4)

# Do staff ask about other sensitive issues?

I routinely ask my clients about:	YES	NO
Alcohol / Drugs	69 (81.2)	15 (17.7)
Discipline / Punishment	43 (50.6)	41 (48.2)
Employment	74 (87.1)	10 (11.8)
Incarceration	63 (74.1)	21 (24.7)
Relationship Issues	66 (77.7)	18 (21.2)
Weapons / Guns	20 (23.5)	64 (75.3)

# What gets in the way of asking about perpetration?

	Agree [N (%)]	Disagree [N (%)]
<b>I don't have enough training</b>	<b>45 (52.9)</b>	38 (44.7)
There's not enough time	26 (30.6)	59 (69.4)
There is no evidence that intervening makes any difference	13 (15.3)	72 (84.7)
I am worried about confidentiality issues for my clients	29 (34.1)	54 (63.5)
<b>I would worry about the victim's safety</b>	<b>52 (61.2)</b>	31 (36.5)
I am worried about my safety	23 (27.1)	62 (72.9)
I feel uncomfortable asking	13 (15.3)	70 (82.4)
It is not my role to ask my clients	16 (18.8)	68 (80.0)
My clients would be offended by my asking	31 (36.5)	53 (62.4)
<b>I don't know enough about resources for treating perpetration</b>	<b>48 (56.5)</b>	35 (41.2)
I'd be less interested in working with a client who is a perpetrator	18 (21.2)	64 (75.3)
<b>Our treatment setting is not an effective venue to assess perpetration</b>	<b>44 (51.8)</b>	39 (45.9)
<b>I am not aware of effective treatments for perpetrators</b>	<b>52 (61.2)</b>	33 (38.8)
My personal experiences make it difficult to talk about this issue with clients	9 (10.6)	76 (89.4)
I am concerned about mandatory reporting laws	30 (35.3)	54 (63.5)
I am not interested in knowing if my clients are perpetrators	13 (15.3)	71 (83.5)

# How would staff respond to DV?

Where would you refer a client you identified as being a DV victim?	YES	NO
I would treat the client myself	8 (9.4)	75 (88.2)
Mental health professional	41 (48.2)	42 (49.4)
Community based organization	71 (83.5)	12 (14.1)
None	1 (1.2)	82 (96.5)
Where would you refer a client you identified as being a DV perpetrator?	YES	NO
I would treat the client myself	3 (3.5)	80 (94.1)
Mental health professional	46 (54.1)	37 (43.5)
Community based organization	66 (77.7)	17 (20.0)
None	3 (3.5)	80 (94.1)
When would you suggest trying to identify perpetrators of DV in your treatment setting?	YES	NO
Never	7 (8.2)	72 (84.7)
When signs or symptoms emerge	48 (56.5)	30 (35.3)
At new client visits	31 (36.5)	47 (55.3)
Annually	4 (4.7)	74 (87.1)
Every visit	12 (14.1)	66 (77.7)

# How much do barriers affect whether staff ask?

	Perpetration	Adult Victimization	Childhood Victimization
I am <i>uncomfortable</i> asking No (Ref: Yes)	6.25 (0.031)	-	-
It is not my <i>role</i> as a provider No (Ref: Yes)	9.09 (0.007)	-	-
I might <i>offend</i> my clients No (Ref: Yes)	5.00 (0.004)	-	-
This is the <i>wrong setting</i> No (Ref: Yes)	3.13 (0.018)	-	-
I do not have enough <i>training</i> No (Ref: Yes)	-	-	2.70 (0.027)

## Behaviors

	Perpetration	Adult Victimization	Childhood Victimization
Standard way of asking: Perp Yes (Ref: No)	3.57 (0.010)	3.45 (0.010)	2.94 (0.025)
<b>Standard way of asking: DV</b> Yes (Ref: No)	3.70 (0.007)	<b>5.88</b> <b>(&lt;0.001)</b>	<b>4.76</b> <b>(&lt;0.001)</b>
<b>Standard way of asking: CV</b> Yes (Ref: No)	3.13 (0.016)	<b>4.00</b> <b>(0.003)</b>	<b>7.69</b> <b>(&lt;0.001)</b>
<b>I have considered asking: Perp</b> Yes (Ref: No)	<b>9.09</b> <b>(&lt;0.001)</b>	2.44 (0.051)	-
<b>Adult victimization inquiry</b> Yes (Ref: No)	<b>20.68</b> <b>(&lt;0.001)</b>	-	<b>24.75</b> <b>(&lt;0.001)</b>
<b>Childhood victimization inquiry</b> Yes (Ref: No)	<b>6.09</b> <b>(&lt;0.001)</b>	<b>24.75</b> <b>(&lt;0.001)</b>	-
<b>Perpetration inquiry</b> Yes (Ref: No)	-	<b>20.68</b> <b>(&lt;0.001)</b>	<b>6.09</b> <b>(&lt;0.001)</b>
Identified adult victimization Ever (Ref: Never)	-	4.83 (0.004)	-
<b>Identified childhood victimization</b> Ever (Ref: Never)	<b>5.94</b> <b>(0.003)</b>	<b>8.85</b> <b>(0.001)</b>	3.58 (0.018)
<b>Identified perpetration</b> Ever (Ref: Never)	<b>11.32</b> <b>(&lt;0.001)</b>	3.88 (0.005)	-
<b>I ask about alcohol or drugs</b> Yes (Ref: No)	8.14 (0.011)	11.42 (0.022)	<b>12.83</b> <b>(0.001)</b>
I ask about relationship issues Yes (Ref: No)	-	6.66 (0.004)	4.43 (0.015)
I ask about discipline Yes (Ref: No)	-	-	2.53 (0.040)
I ask about incarceration Yes (Ref: No)	3.54 (0.040)	-	-
I ask about weapons or guns Yes (Ref: No)	-	3.30 (0.024)	2.86 (0.043)

# What about demographics?

	Perpetration	Adult Victimization	Childhood Victimization
<b>Gender</b> Women (Ref: Men)	-	2.73 (0.032)	-
<b>Years as a provider</b> > 3 yrs (Ref: ≤ 3 yrs)	5.50 (0.002)	3.14 (0.028)	-
<b>Hours of DV training</b> ≥ 1 hrs (Ref: <1 hrs)	5.90 (0.008)	3.39 (0.033)	3.63 (0.024)

# How does your agency affect if you ask?

	Perpetration	Adult Victimization	Childhood Victimization
Agency has DV protocol for clients No (Ref: Yes)	0.29 (0.011)	-	-
Agency has DV protocol for staff No (Ref: Yes)	-	-	0.36 (0.025)
<b>Agency offers DV training</b> No (Ref: Yes)	-	0.33 (0.016)	<b>0.19</b> <b>(&lt;0.001)</b>
<b>Perception of % adult victimization</b> <b>&gt; 1% (Ref: ≤ 1%)</b>	<b>6.48</b> <b>(&lt;0.001)</b>	<b>7.77</b> <b>(&lt;0.001)</b>	<b>4.01</b> <b>(0.003)</b>
<b>Perception of % CV</b> <b>&gt; 1% (Ref: ≤ 1%)</b>	<b>4.34</b> <b>(0.004)</b>	<b>4.46</b> <b>(0.002)</b>	<b>8.42</b> <b>(&lt;0.001)</b>
<b>Perception of % perpetration</b> <b>&gt; 1% (Ref: ≤ 1%)</b>	<b>9.56</b> <b>(&lt;0.001)</b>	<b>4.11</b> <b>(0.005)</b>	2.88 (0.035)

# Results: Summary - Perpetration

- **< 1/3 of staff report...**
  - having a standard way of asking or routinely ask
- **> 1/2 of staff report...**
  - Lack of training
  - Concerns over victim safety
  - Lack of familiarity with resources
  - Concerns about asking in their setting
  - Not aware of effective treatments

# Results: Summary - Perpetration

- **Individual Barriers:**

- Uncomfortable asking
- Not my role
- Might offend clients
- Wrong setting

- **Agency-Level Barriers:**

- Not having DV protocols
- Lower estimates of prevalence\*

- **Individual Behaviors:**

- <1/2 have never identified a perpetrator
- Refer to mental health or Community-based services
- Not having identified perpetration\* or CV\*
- No routine CV\*, DV\*, alcohol or incarceration inquiry

- **Demographics:**

- Being a provider for < 6 years
- Having < 2 hours of training
- Women were more concerned about their own safety and less interested in working with a perpetrator
- Men were less interested in knowing of a client was a perpetrator

# Results: Summary – Adult Victimization

- **< 1/2 of staff report...**
  - having a standard way of asking
- **> 1/3 of staff report...**
  - routinely ask

# Results: Summary – Adult Victimization

- **Individual Barriers:**

- No associations noted

- **Agency-Level Barriers:**

- 1/2 report <1% prevalence
- Not offering DV training
- Lower estimates of prevalence\*

- **Individual Behaviors:**

- 1/3 have never identified an adult victim
- Refer to mental health or Community-based services
- Not having a standard way of asking\*
- Not having identified perpetration, DV or CV\*
- No routine perpetration\*, CV\*, alcohol, relationships or weapon inquiry

- **Demographics:**

- Men were less likely than women

# Results: Summary – Childhood Victimization

- **< 1/2 of staff report...**
  - having a standard way of asking
  - routinely asking

# Results: Summary – Childhood Victimization

- **Individual Barriers:**

- Lack of training

- **Agency-Level Barriers:**

- 1/2 report <1% prevalence
- Not offering DV training\*
- Not having DV protocols for staff
- Lower estimates of prevalence\*

- **Individual Behaviors:**

- 1/3 have never identified CV
- Not having a standard way of asking\*
- Not having identified CV\*
- No routine DV\*, alcohol, relationships, discipline or weapon inquiry

- **Demographics:**

- Having < 2 hours of training

# Conclusions - Behaviors

- Many staff consider asking, but few do
- The majority of staff already report asking about sensitive issues that can impact relationships (but not weapons)
  - if you are already asking about domestic violence exposures or have ever identified an affected client ... you are more likely to ask about domestic violence issues
- Most staff report referring clients exposed to domestic violence to mental health or community-based service providers
- Staff recommended asking when signs or symptoms arise

# Conclusions - Barriers

- **Lack of training**
  - more is needed
- **Safety issues**
  - What about my safety and the safety of my clients?
- **Knowing about resources**
  - What are they and do they work?
- **Low estimates of prevalence**
  - Is this affecting my clients?

# Conclusions - Overall

- Our data suggest that screening behaviors are complex and shaped at the individual level as well as the agency level
- Behaviors, concerns and agency support of clients and staff affected by domestic violence issues predicted routine domestic violence inquiry

# Conclusions - Training

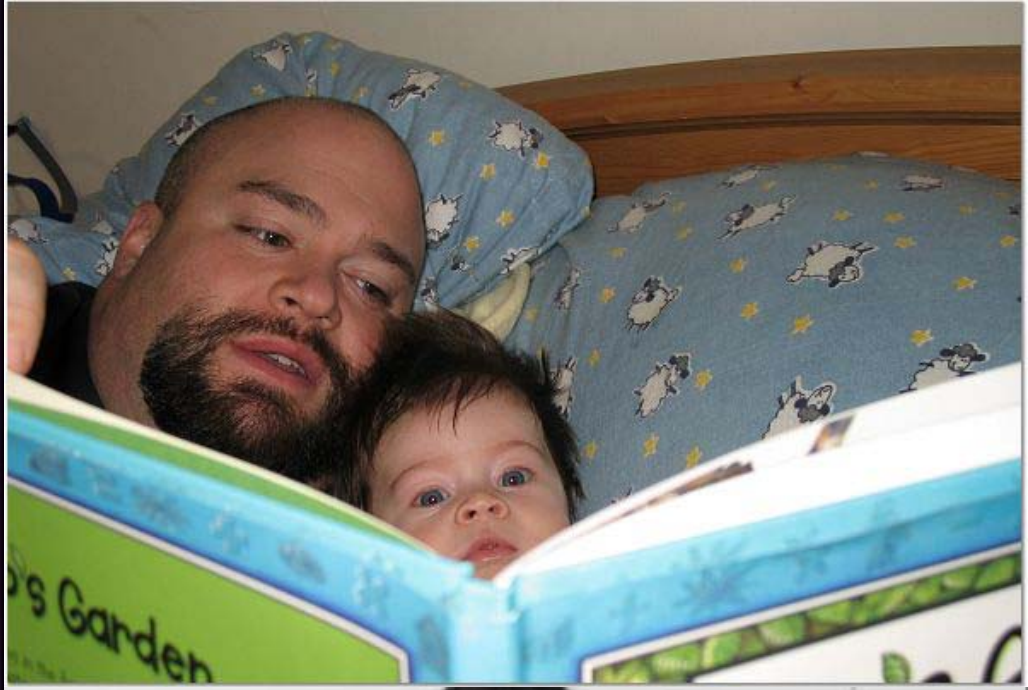
- Issues shaping screening behaviors **can all be addressed with proper training**
- **Training objectives** need to:
  - Address comfort issues
  - Address education
  - Provide a venue for practice
  - Build on and reinforce what staff are already doing
  - Create environments of sustainability by facilitating agency buy-in
- **Training curricula must be developed** that incorporate the specific interests and needs of fathering providers and their clients

# Study Limitations

- Generalizability
- Cross-sectional
- Social Desirability

# Next steps...

- Get this information out
- Generate discussions and form consensus on the conclusions and implications
- Assess issues from the clients' perspective
- Use results to design and implement training curricula for fathering/parenting programs regarding identification and treatment of domestic violence and domestic violence perpetration
- Continue to build collaborations between fathering/parenting programs and domestic violence agencies



For more information concerning Philadelphia Fatherhood Practitioners Network (PFPN), please contact Sulaiman A. Wood, Resources for Children's Health 267-765-2324, [swood@phmc.org](mailto:swood@phmc.org) or via the PFPN website: [www.pfpn.org](http://www.pfpn.org).

## Thank You!

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