

STRONG FATHERS: COMMUNITY GUIDANCE

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Initiating and sustaining a new program requires firm community support. Such support is especially necessary for a program in an underdeveloped area that raises safety concerns—fathering groups for men who have committed domestic violence and whose families are involved with child welfare. This is precisely the population that Strong Fathers, a psycho-educational and skills-building program, was intended to serve.

North Carolina State University, responsible for evaluating the program, worked with its partnering organizations to hold community focus groups. The focus groups were a vehicle for raising awareness about a program, gaining local input on how to embed the program in the community, and hearing feedback on how the program was progressing. In general, interventions into battering need to coordinate with their communities in order to be culturally appropriate and foster changes in social norms condoning violence (Carter, 2010).

This report first describes the Strong Fathers program and then summarizes the process and results of the community consultations. The focus groups were one component of the evaluation of Strong Fathers. The overall evaluation assessed the extent to which the men decreased their abusive beliefs and increased their parenting skills, empathy toward their children, and understanding of the impact of domestic violence on their children.

Measuring women and child abuse is especially fraught with error because of silencing of those victimized; blaming, denial, and minimization by those who committed the abuse (Yun & Vonk, 2011); and complicity of the wider community in sustaining violations that intersect with gender, generation, and culture (Pennell & Kim, 2010). In determining what works for whom in which contexts, batterer intervention programs need to tap into a range of perspectives (Aldarondo, 2010). Such is particularly the case for fathering programs for men who have perpetuated violence because so little work has been done in this area (Edleson & Williams, 2007). For these reasons, the Strong Fathers evaluation used multiple data sources—the men, mothers of the children, group facilitators, county and state Social Services, and community organizations. Preliminary findings can be found at Pennell (2011).

Background

The Strong Fathers curriculum was designed by a university consortium, the Center for Child and Family Health (2009, rev. 2011), based in Durham, North Carolina. The curriculum was founded on the assumptions that the men have strengths as fathers and that improving how the men relate to their children also improves how they relate to their intimate partners. The 20-session group was intended to support the participants in reflecting on how their own childhood experiences affected how they related to their children, learning about the stages of child development, developing parenting skills such as using positive attention and ignoring, increasing awareness of the traumatic impact of domestic violence on children, and managing stress and seeking support. Embedded into the curriculum were measures to assess the men's progress, and these formed part of the program's evaluation. The embedded measures also made it possible for group facilitators and participants to assess progress over the course of the group. Guidance on the curriculum was provided by other groups who had developed fathering

programs for men who committed abuse against the mothers of their children: the Family Violence Prevention Fund, Caring Dads, EMERGE, and EVOLVE (“Strong Fathers Program,” 2011).

Men were eligible to enroll in the group if they had a history of abusing their intimate partners and they were the biological fathers or caretakers of children who were receiving child welfare services (e.g., child protection, foster care). Men were ineligible for the group if they were identified as committing child sexual abuse and/or had court orders stipulating no contact with their children. Referrals were by the men’s Social Services workers or less commonly through an order by Domestic Violence Court. Unlike the case with many batterer intervention programs, participation was voluntary and without a fee charged. The men received assistance with transportation costs to the group, were served refreshments at the evening session, and were awarded family incentives, such as tickets to take their children to the zoo or sports events.

The Center for Child and Family Health designed and delivered a training program to prepare group facilitators for delivering the Strong Fathers curriculum. The Strong Fathers program was first implemented in 2009 by a non-profit agency, Family Services, Inc., in Forsyth County. Family Service, Inc. offered a wide range of services to families including on safe relationships. The Strong Fathers facilitators were experienced in working with men who had committed domestic violence.

By 2011, Family Services Inc. had completed four groups, and a fifth was ongoing. The first three of these groups were closed group with specified beginning and ending dates, and the other two were open-ended groups into which the men could enter and exit at different sessions. Then in the fall of 2011, the Center for Child and Family Health joined with Durham County

Department of Social Services to start a closed-ended group in Durham. The Durham facilitators together brought extensive experience with fathering programs and trauma-informed approaches.

At both sites, the Strong Fathers groups were led by two facilitators with one or both being African American; the other facilitators were Anglo American. The racial identity of the facilitators was in keeping with the demographic profiles of their counties. Forsyth and Durham counties were both relatively populous North Carolinian counties, with their median household incomes somewhat above the state median but their percentages of residents living below the poverty level slightly elevated above the state rate (U.S. Census Bureau, 2011). Their White (non-Hispanic) populations were below the national and state average percentages (72% for the U.S.A., 65% for North Carolina, 59% for Forsyth, and 42% for Durham), and their Black populations were above the national and state average percentages (12.6% for the U.S.A., 22% for North Carolina, 26% for Forsyth, and 38% for Durham) (U.S. Census Bureau, 2011).

In terms of reports to child protection in the two counties, over two-fifths concerned Black children (Duncan et al., 2012). During 2009-2010, in Forsyth County, Black children were 51.5% of the child population and were somewhat underrepresented in child protection reports of which 47.5% were about Black children. During the same period, in Durham County, Black children were 35.2% of the child population while they represented 42% of all child maltreatment reports (Duncan et al., 2012).

Community Consultation

To support the development of the Strong Fathers program, focus groups and interviews were conducted with key stakeholders, after obtaining their consent. During the two-hour focus groups, the first half of the session was devoted to providing information about the Strong Fathers program and an update on the evaluation findings. Presenters included the state funding

officer, county Social Services personnel, and Strong Fathers program designers, implementers, and evaluators. During the second half of the focus groups, the participants' advice was sought on how best to carry out the program in their locale. The participants were asked to describe their role with Strong Fathers and to identify: "What aspects of the program and its evaluation worked well? What would you recommend to enhance the program and its evaluation?"

In Forsyth County, approximately a year into the program, the first focus group was held on July 23, 2010, at Family Services Inc. In order to gain input from individuals not present at the Forsyth focus group, interviews were conducted in September and October of 2010; the interviewers provided information about Strong Fathers before asking for participants' views on the program. These interviews averaged 17 minutes in length. The second focus group was held over a year later on November 30, 2011 at Forsyth County Social Services. In Durham, a focus group was held on November 4, 2011 at the Judicial Annex building, approximately one month in advance of the start date of the Strong Fathers group in this county. To encourage sharing across the sites, four staff from Family Services, Inc. presented on their experience at the Durham session.

Table 1 below summarizes the number of participants and their affiliations. The largest focus group was in Durham; the two focus groups in Forsyth County were approximately the same size each year with little overlap in community participants. *Social Services* refers to participants from county and state level Social Services. *Other* refers to participants from the agencies implementing the program and from other organizations such as courts and public health. There were a total of 82 participants of which 36 were from Social Services and the remaining 46 from other organizations. A Strong Fathers alumnus participated in the second Forsyth focus group. Of note also, a Social Services client asked for admission to this focus

group because he had seen the Strong Fathers’ sign on the door and was interested in the program. He did not participate in the focus group and was provided with assistance regarding resources.

Table 1: Number of Participants in Community Focus Groups & Interviews, 2010 & 2011		
County	Affiliation	Number of Participants
Forsyth Focus Group 1	Total	18
	Social Services	6
	Other	12
Forsyth Interviews	Total	7
	Social Services	4
	Other	3
Forsyth Focus Group 2	Total	19
	Social Services	11
	Other	8
Durham Focus Group 1	Total	38
	Social Services	15
	Other	23
Combined	Total	82
	Social Services	36
	Other	46

The principal investigator from North Carolina State University flexibly organized the focus groups. This meant that she did not go formally around the circle and instead gave each participant the opportunity to enter the discussion at various points. This responsive approach was necessary because of the large number of participants at each focus group (see Krueger & Casey, 2009) and because of the considerable range of familiarity with and involvement in the program among participants. For instance, some participants were just learning about the program during the focus group while others had made referrals and knew about the impact on the families with whom they worked. Frequently participants asked questions such as about the program’s purpose, content, and referrals. Spokespersons from the agencies responsible for the

curricular development and program implementation were available to respond to these questions. The individual interviews were conducted over the telephone by graduate students at North Carolina State University. They provided the participants with information about Strong Fathers prior to commencing the interviews.

Themes

Based on the notes compiled during the focus groups and interviews, major themes were identified. The topics discussed during the sessions varied by the stage of the program's implementation in the local communities. At the first focus groups in Forsyth and Durham, the participants primarily reflected on what factors could affect the men's entry into the Strong Fathers' groups and to a lesser extent they proposed ideas on how to enhance the men's participation and retention in the program. The same was the case for the Forsyth individual interviews. By the second focus group in Forsyth, these issues remained; in addition, the impact of the program gained prominence. To a lesser extent, the evaluation methodology was discussed.

Referral and Completion Rates

The participants' focus on recruitment reflected their awareness that new and untested programs often suffer from low referral rates. This was certainly the experience in both Durham and Forsyth. The number of referrals from Social Services to the first Durham Strong Fathers group was five. When the first focus group and interviews were conducted respectively in the summer and fall of 2010, Family Services, Inc., had finished two closed-ended groups. Although space was available for a maximum of 15 participants per group, only 7 referrals were made to the first group and of these only 2 men completed the program. Completing the program was defined as the men attending 65% or more sessions from the time of entry into the program.

The number of Forsyth referrals grew slightly from the first to second Strong Fathers group, with 9 men referred and 4 completing the program. During this period, Family Services, Inc., used a number of stratagems to increase referrals such as distributing a flyer, meeting with Social Services workers, outreaching to Social Services in neighboring counties, and emphasizing the no-charge policy and family incentives.

By the time of the second Forsyth focus group, Family Services Inc. had completed three closed groups and one open-ended group and had started a fifth open-ended group. The number of referrals to the four completed groups totaled 25 with 13 men completing and 8 men partially completing the program. The 25 referred men were demographically diverse in terms of age, ranging from 20 to 53 years ($M = 28$); race/ethnicity, with 8 White, 8 African American, 2 Hispanic, 1 other, and 6 missing data; and education, of whom 4 had less than high school, 11 had completed high school requirements, 7 had some college or more, and 3 had missing data. The number of initial referrals to the fifth Forsyth group was 7 with ongoing referrals accepted. Over the year from the first to the second focus groups, Family Services, Inc., had put into place a number of the earlier recommendations, including using open groups and seeking referrals from organizations outside of Social Services. It should be noted that by the time of this report, Forsyth had just had eight men complete the program, bringing the total of men completing two-thirds of or the entire program in Forsyth to 29.

Recruitment

During the initial focus groups and interviews, participants in Forsyth and Durham acknowledged difficulties generally in starting a new program. Most participants were seasoned practitioners or community activists, and their recommendations on how to ensure adequate referrals overlapped extensively in the two sites.

To avoid delays in enrollments, participants often advised that the group switch from a closed to an open group. The open format, they noted, would mean that referrals could be accepted on an ongoing basis and men could immediately enter the group so as not to discourage either the referring workers or the referred men. A counter position was that an open format would mean that men joined the group at different points with the later entering men lacking the benefit of participating in the earlier sessions and necessarily having to play “catch up.” Yet others thought that the longer-term members could serve as role models to the incoming members.

To increase referrals from Social Services, participants frequently proposed raising the program’s visibility through information sessions with front-line and supervisory staff and as staff turned over, with new workers. The Social Services participants thought that the implementing agencies should highlight the benefits from a child protection perspective, in particular, that the program could assist workers in assessing client needs and risks.

The community participants advocated expanding the referral sources beyond Social Services to other organizations such as Head Start and Legal Aid. Having potential referrers sit in on the Strong Fathers group was seen as a way to enhance their understanding of the program and their persuasiveness in encouraging their clientele to join the group. Repeatedly the courts were proposed because judges could mandate enrollment in the program. Some participants, however, raised concerns that mandating participation through court orders could undermine engaging the men in the group. The criteria for referrals, community participants further urged, should be less restrictive so that men who were not involved with Social Services could be admitted. More open access, they explained, would make it possible to forestall domestic

violence before it occurred or to access the fathers whom the protective authorities had not yet identified as perpetuating domestic violence.

Turning to the “consumers,” the participants emphasized outreach to prospective group members. One Forsyth participant pointed out that the group should appeal to men because its approach was psycho-education that fostered positive fathering rather than therapy that addressed abusive behaviors. Understandably in Durham with its rapidly growing Latino population, the participants especially pressed for diversifying the program and overcoming language and cultural barriers. Even though surmounting these obstacles would be difficult, a participant asserted that the program pilots should look like what was desirable in the long run for Strong Fathers. Making the group fit the men was proposed as an overall strategy for engaging and retaining the men’s participation in Strong Fathers.

Participation and Retention

The participants recognized that the men in the groups faced many life stressors, including their having multiple families. The scheduled times of the meetings and transportation to the sessions were identified as issues affecting attendance. Because of the many demands on the men, some Durham participants wondered if the 20-week group should be reduced in length, thus, making it easier for the men to commit themselves to finishing the program. A counter argument was that such compression could limit the group to providing information rather than developing skills. Reflecting on the Forsyth Strong Fathers group, a Social Services participant commented that the 20-week Strong Fathers program appeared to be “softer” on the men than the accredited batterer intervention programs which were normally 26 weeks in length; this participant concluded that the batterer intervention programs should serve as the primary service with Strong Fathers as a “great secondary program.”

A community participant proposed that the program implementers encourage the men's partners to support the men's participation. This suggestion evoked immediate concerns that the fathers' success in the program would be viewed as the responsibility of the women who had been abused. A far more common recommendation from community participants was that Social Services keep cases open while the men attended the group. With cases open, the workers could monitor and reinforce the men's participation. For their part, the referring sources wanted regular updates on the men's participation. Family Services, Inc. noted that the group facilitators provided attendance reports to the referring workers but cautioned that write-ups on how the individual men took part could inhibit the group discussions.

Impact

The community consultations early in the implementation of Strong Fathers offered a range of strategies on how to intensify the impact of the program. This was particularly the case at the Durham focus group. Some participants in Durham proposed streamlining the curriculum to focus on core skills rather than overloading the men with lessons on techniques. Other participants suggested that Strong Fathers should provide services in a holistic manner to the men by offering support outside of the group and making referrals to other programs as needed. Still others recommended that Strong Fathers adopt a whole family approach and extend its services to the mothers and the children, particularly to promote their safety.

On hearing that the Durham Strong Fathers first group was to be facilitated by two women, the focus group participants raised questions about the gender balance. They pointed out that having both male and female facilitators made it possible to model partnering between men and women. A solution proposed was to recruit in the future a graduate of Strong Fathers to serve as a co-facilitator. All the concerns were recognized by the Durham County program

planners whose decided preference was to pair male and female facilitators, the model used by Family Services, Inc. The designation of two female facilitators was a matter of staff availability.

Another question emerged about the composition of the facilitators. Would facilitators who were not parents themselves have credibility in the men's eyes? The experience at the Forsyth site was that the men initially challenged facilitators who did not have children of their own. Over the course of the group, the salience of parental status declined as the facilitators represented themselves as learners too.

The Social Services participants at the first Forsyth focus group and especially the second one could draw on experience in identifying the program's impact on men's relationships with their families and workers. At the initial focus group, a Social Services staff member commended the program for its positive impact on a father with whom she worked. Because of involvement in the program, she found that he participated in a responsible manner at child and family team meetings, that is, joint planning sessions of family members and involved services (NC DHHS, 2009). At the second focus group, a number of Social Services workers spoke of the program's benefits. One child welfare worker reported that after participating in Strong Fathers, a father was granted custody of his child who had earlier been removed from her mother. Another worker of a graduate from Strong Fathers stressed that her client's relationship with his child had greatly improved and that he understood now how to reach out for ongoing support from Social Services.

Evaluation Methodology

Questions about the evaluation design were less prominent in the early stages than programmatic issues. Nevertheless, issues emerged related to data sources and data collection. A concern raised was that children were not asked for their perspectives on the Strong Fathers

program. Directly accessing maltreated children prompted safety concerns but would enhance understanding of the program. The evaluation sought to measure the impact on the children through the mothers' interviews, the fathers' self-assessments, the focus groups, and the Social Services records.

Another issue related to the recommendation on expanding the categories of agencies that could make referrals to Strong Fathers. This approach might increase the volume of referrals but also could increase the types of referrals. The evaluation would need to track the impact of different referral sources on the men's participation. In addition, referrals from outside of Social Services would be less likely to have child welfare files and, thus, limit assessing the program's effects on all the participants and their families.

The use of written measures of the men's progress was questioned. Given that the men talked more than wrote, should the group sessions be tape recorded? As long as the men gave their permission and were not restrained by the recording, the audio tapings could capture a fuller discussion.

Aware that funding agencies supported evidence-based practice, the participants asked, When would the program have sufficient evidence to be validated as a success? They recognized that a sizable sample, retention of participants, tracking participants over time, and use of a comparison group were all needed.

Program Accountability

Focus groups were an effective vehicle for obtaining community and agency guidance on the Strong Fathers program. Their input also helped to distinguish the necessary components of Strong Fathers. Such clarity was necessary for implementing and evaluating the program, especially one with so many safety concerns (see Gondolf, 2010).

Starting with information about the program and an update on developments and evaluation findings oriented the participants and prepared them for contributing to the discussion. Their participation was energized by the obvious support for the program evident in the presentations by the state Social Services funding officer, the county Social Services administrators, and the Strong Fathers developers, implementers, and alumnus.

At the Durham focus group, a presentation by Family Services, Inc. staff assisted the new program site in identifying likely challenges and means of addressing them, instilling hope about the benefits of the program for men from different cultural backgrounds, and encouraging networking of stakeholders and cross-fertilization of ideas across the two sites. On gender and culture, the four Family Services, Inc. presenters had credibility in that they were evenly divided between men and women and that three out of the four were African American.

The participation of both Social Services and community participants enriched the discussion. These two groups played different roles in terms of making referrals, monitoring the men's participation, and providing ongoing services. Each group could directly appeal to the other to promote the success of Strong Fathers. The individual interviews were a means of accessing individuals not able to take part in the focus groups but unlike the focus groups, could not promote the same level of exchange of ideas and investment in the program.

Annual focus groups were a means of tracking community and Social Services' involvement in the program and perceptions over time. The Forsyth focus groups permitted comparison of developments less than one year after the first Strong Fathers group commenced with those from two years after the first group started. The Durham focus group held before the program began provided baseline data for that site.

The main issues identified at the focus groups in the program's initial phase were recruitment and retention, understandably so, given the low rates of referrals and completion rates. These concerns were justified especially if Strong Fathers parallels batterer intervention programs. Quasi-experiments have repeatedly shown that violent reoffending is associated with failure to complete programs for men who abuse their partners (Gondolf, 2009; Heckert & Gondolf, 2005). Low numbers of participants and high attrition rates also limit reaching conclusions about the effectiveness of Strong Fathers.

The participants identified a series of recommendations to improve the rates of referrals, the men's participation in the program, the impact on the men and their families, and the methods for studying the program's process and outcomes. These included accepting referrals on a rolling basis, broadening the referrals sources, overcoming transportation and other barriers to the men's attendance, keeping cases open so that child welfare workers could monitor the men's participation, and seeking out directly the children's perspectives on the program. In figuring out future directions, the program needed to balance enlarging the sample size with reducing the focus on the group of men for whom the program was designed—fathers or caretakers who had a history of committing domestic violence and whose families received child welfare services.

In effect, holding the focus groups was an accountability measure. The focus groups made it possible to keep key stakeholders apprised of how the program was progressing and

what actions were taken on the basis of their prior recommendations. The focus groups also reached out to the key stakeholders to support the fledgling program in resources, strategies, and interpretation of findings. Engaging community members helped to attune the program to local conditions and cultures and fostered a coordinated response to child maltreatment and domestic violence. Focus groups with community and agency stakeholders served as only one, although an important, mechanism for accountability.

The Strong Fathers program was accountable to the men and their families. The curriculum with its embedded evaluation measures encouraged self-assessment by the Strong Fathers participants and facilitators. Other evaluation strategies—interviews with the mothers of the children and review of the Social Services records—will place the findings on the men’s progress within the context of the outcomes for abused women and maltreated children. Integrating multiple perspectives is a means of determining which aspects of the intervention are crucial to safeguard all family members.

Author Note. Joan Pennell is a Professor of Social Work and directs the Center for Family and Community Engagement at North Carolina State University. R.V. Rikard and Amy Ryder-Burge have served as the research managers for the Strong Fathers program. For the focus groups and interviews, Marianne Latz helped to coordinate the data collection, and Denise Garner, Tia Sanders, Alexandra-Judd Sheppard, Mary Torr, and Beatrice Walker provided research assistance. The protocols for the evaluation were approved by the Institutional Review Board at North Carolina State University. The Strong Fathers program is funded by the North Carolina Department of Health and Human Services, Division of Social Services with a grant from the U.S. Department of Health and Human Services under the Family Violence Prevention and Services Act. The lead agency is Family Services, Inc., with two partnering centers—the Center for Child and Family Health (connected to Duke University, North Carolina Central University, and University of North Carolina at Chapel Hill) and the Center for Family and Community Engagement at North Carolina State University. The content of this report is solely the responsibility of the author and does not necessarily represent the official views of the North Carolina Department of Health and Human Services.

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