UC Berkeley
UC Berkeley Previously Published Works

Title
First-time fathers' experiences of and desires for formal support: A multiple lens perspective

Permalink
https://escholarship.org/uc/item/40p3m25n

Journal
Fathering, 12(3)

ISSN
1537-6680

Authors
Carlson, J
Edleson, JL
Kimball, E

Publication Date
2014

DOI
10.3149/fth.1203.242

Peer reviewed

eScholarship.org Powered by the California Digital Library
University of California

Fathering
1537-6680 (Print)
1933-026X (Online)

VOLUME 12
ISSUE 3
FALL 2014

MEN'S STUDIES PRESS, LLC
PO BOX 32
HARRIMAN, TN 37748 USA
WWW.MENSSTUDIES.COM
423-369-2375 (PHONE)
423-369-1125 (FAX)

PLEASE SCROLL DOWN FOR ARTICLE

PUBLICATION DETAILS, INCLUDING INSTRUCTIONS FOR AUTHORS AND SUBSCRIPTION INFORMATION:
http://www.mensstudies.info/OJS/index.php/FATHERING

DOIS AND TABLE OF CONTENTS FOR THIS ISSUE:
http://www.mensstudies.info/OJS/index.php/FATHERING/issue/view/106

FULL TERMS AND CONDITIONS OF USE:
http://www.mensstudies.info/Terms_and_Conditions.pdf

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

JULIANA CARLSON[1], PH.D., JEFFREY L. EDLESON[2], PH.D., and ERICKA KIMBALL[3], PH.D.

First-time Fathers' Experiences of and Desires for Formal Support: A Multiple Lens Perspective

The transition to first-time fatherhood has been shown to be a stressful time for men and social support is a factor that influences this experience. Research on first-time fathers' experiences with formal support, such as programmatic efforts like childbirth classes and family education, is limited. This qualitative study explores first-time fathers' experiences with formal support, using data from focus groups with fathers and women with whom they co-parent, as well as community consultations with professionals who serve expectant and new parents. The findings indicated there is value in and benefits from formal support and at the same time there are limits in the current forms available for men. Suggestions are made to expand and tailor first-time fathers' formal support opportunities.

Keywords: first-time fathers, formal support, prevention, programs for expectant and new fathers

Research exploring the experience and engagement of expectant and new fathers is a unique domain, sometimes called "first-time fatherhood," for an interdisciplinary set of scholars, including nursing (Fägerskiöld, 2008), midwifery (Bäckström & Hertfelt Wahn, 2011; Chandler & Field, 2010), and various social sciences (Magill-Evans, Harrison, Benzies, Gierl & Kimak, 2007). One avenue of first-time fatherhood research examines how fathers experience formal supports that serve new and expectant fathers and mothers.[1] Another

[1] Although the authors believe that family constellations, and specifically parental relationships, are wonderfully diverse and unique, this manuscript is written from a frame of parenting between biological fathers and mothers in a heterosexual relationship context.

[1] University of Kansas.
[2] University of California, Berkeley.
[3] Portland State University.

Correspondence concerning this article should be sent to Juliana Carlson, School of Social Welfare, University of Kansas, Twente Hall, 1545 Lilac Lane, Lawrence, KS 66045-3129. Email: jmcarlson@ku.edu

FATHERING, VOL. 12, NO. 3, FALL 2014, PP. 242-261.
© 2014 by the Men's Studies Press, LLC. All rights reserved. http://www.mensstudies.info
fth.1203.242/$15.00 • DOI: 10.3149/fth.1203.242 • ISSN/1537-6680 • eISSN/1933-026X

avenue examines how adjusting existing formal support programs such as child birth classes, or adding newly designed programs specifically for fathers (Brage Hudson, Campbell-Grossman, Ofe Fleck, Elek, & Shipman, 2003) could help increase the empirically grounded benefits of father involvement for children, mothers and fathers, as well as reduce potential risk factors of either the lack of father involvement or harmful behaviors (i.e., child exposure to domestic violence, child maltreatment) (Ericksson & Hester, 2001; Sharps, Laughon, & Giangrande, 2007). Overall, fatherhood researchers put forth the need and importance of research to understand fathers' experiences from their own perspective for the benefit of fathers and their families (Dubowitz, Lane, Grief, Jensen, & Lamb, 2006; Guterman & Lee, 2005).

Current research on the transition to first-time fatherhood, identified here as the point when a man becomes aware that he will become a father for the first-time and the subsequent two years, shows that it is a stressful time for men and social support is a factor that impacts their lives (Condon, Boyce, & Corkindale, 2004). However, despite the empirical knowledge of stress during this transition, limited empirically-based best practices are available to work with first-time fathers. From the relatively small number of studies, findings do indicate that fathers seek information on how to be a good father (e.g., Gage & Kirk, 2002). In addition, considering that the attitudes of practitioners who often engage with first-time fathers vary from interested to not (Kaila-Behm & Vehviläinen-Julkunen, 2000), further research and education must be conducted to assist mother-centered practitioners who often do not know how to connect with fathers or what to offer them. This may potentially lead to a relational disconnect that leaves first-time fathers feeling unsupported or ignored by formal support efforts (Deave & Johnson, 2008).

This qualitative study explores first-time fathers' experiences with formal support, using data from focus groups with fathers ($N = 47$) and the women ($N = 9$) with whom they co-parented, as well as community consultations with professionals who served expectant and new parents ($N = 8$). In addition, the study provides a unique look at how fathers and mothers describe their ideal program for first-time fathers. Implications based on the study's findings for engaging first-time fathers in formal support and areas for future research to identify and develop best practices are discussed.

Literature Review

First-time Fathers' Experience of Formal Support

First-time father research on formal supports focuses on two areas. The first but less discussed area of research seeks to understand professionals' experiences of working with first-time fathers. The second area seeks to understand first-time fathers' experiences with formal support. These studies have examined fathers' attitudes and feelings toward programs intended to support parents during pregnancy and birth, such as childbirth classes, and particular programs to engage fathers, such as the New Fathers Network (Brage Hudson et al., 2003) and parent education (Magill-Evans et al., 2007).

First-time father literature on formal support spans the globe, with particular attention in certain areas of the world including Australia (Boyce, Condon, Barton, & Corkindale, 2007; Condon, Boyce, & Corkindale, 2004; Fletcher, Silberberg, & Galloway, 2004), England (Deave & Johnson, 2008), Scandinavia (Fägerskiöld, 2008; Kaila-Behm & Vehvilainen-

Julkunen, 2000; Premberg, Hellström, & Berg, 2008) and North America (Magill-Evans et al., 2007). Some research explores the issue of formal support with a focus on fathers' experiences of pregnancy and childbirth (see recent review: Plantin, Olukoya, & Ny, 2011) while others look more closely at the period of transition to fatherhood, which includes the first year following birth. Within this literature, several major themes emerge: lack of perceived father-centered support, need for more and targeted information, inclusion and exclusion from prenatal, labor and delivery health care provision.

When asked about their transition to fatherhood experiences, first-time fathers often report that while they appreciate formal support, they are dissatisfied with their experiences of formal support for a variety of reasons. For example, a study of 10 Swedish fathers reveals that fathers' childbirth education experiences are complicated; they both recognized its helpfulness, but deem it limited in helpfulness because the education did not attend to them as fathers or to all the issues that concerned them (Premberg, Hellström, & Berg, 2008). In another study, twenty fathers in England, interviewed at 28 weeks gestation and three to four months post-partum, echoed this lack of support theme when describing their views about their educational and care needs during the transition to fatherhood (Deave & Johnson, 2008). Indeed, these English fathers revealed that during their transition, they did not have adequate informal support, so they looked to formal support to fill that gap (Deave & Johnson).

Tied to the limitations of formal supports, studies also show that fathers identify the need for more information on parenting (Deave & Johnson, 2008), as well as lifestyle and relationship changes after birth (Fletcher, Silberberg, & Galloway, 2004). Fletcher, Silberberg, and Galloway (2004) study of 213 couples post-birth views of childbirth or antenatal classes indicated that the fathers felt prepared for their child's birth, but not for the lifestyle and relationship changes that occurred after birth.

In addition to the need for additional information and the lack of father-focused education, studies also find that fathers experienced a range of feeling included and excluded from prenatal, birth and postnatal health care provision (Bäckström & Hertfelt Wahn, 2011; Deave & Johnson, 2008). This theme is fully illustrated in a Swedish study of first-time fathers' descriptions of support during labor, where under the main theme "being involved or being left out" four subthemes were presented: an allowing atmosphere, balancing involvement, being seen, and feeling left out (Bäckström & Hertfelt Wahn, 2011). Along with the finding of fathers' experience of exclusion, other studies found that fathers described a sense of being an observer (Kaila-Behm & Vehviläinen-Julkunen, 2000) or a bystander and they experienced being more detached than they expected or wanted to be (Deave & Johnson, 2008).

Formal Supports and Fathers: Beyond First-Time Fathers

In addition to the last decade of first-time father studies, research on how fathers with older children experienced specific formal supports indicates that there are issues with formal support programs for fathers that continue past the immediate transition to fatherhood. Evidence from research examining the child welfare system—one of the largest intervention systems intersecting the lives of fathers, mothers and children—illustrates the challenges of engaging and working with fathers. For example, in a review of engaging fathers in child welfare services literature, two of the five themes of what prevent fathers from engaging in child welfare services are (1) practitioners' traditional practices in relations to

gender and parenting, and (2) fathers as reluctant clients (Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012). In a Kentucky study, fathers involved in child protective services (CPS) wished most for a father support group (40.7%), followed by legal services (38.1%) and family therapy (36.3%) (Huebner, Werner, Hartwig, White, & Shewa, 2008). The study also described the services to which CPS workers "referred" fathers: 8.5% were referrals to father support groups, and only 6.2% of the total number of fathers identified they "received" them.

These disconnects between formal support programs offerings and fathers' formal support desires is also present in a study of 128 young fathers (Weinman, Smith, & Buzi, 2002). In completed service need and risk behavior assessments, fathers report they wanted employment and education/vocational training support, but not substance abuse counseling, child support services, or help obtaining a GED (Weinman, Smith, & Buzi, 2002). Weinman, Smith, and Buzi (2002) point out that fathers' risk behaviors and their desired service needs did not "match up" from a programmatic perspective.

The literature on formal support experiences of first-time fathers presents some evidence that what the fathers want from programs designed to help them may not be what the programs are offering. The systems and services that aim to serve mothers, but may use the term "parents" in their descriptions, fail to also adequately address fathers' needs and include them in meaningful and welcoming ways.

Gaps

While documenting first-time fathers' experiences with formal support has been a central goal in moving toward more father-focused and effective prevention and intervention efforts to engage fathers, questions remain. Most often, the first-time father literature examines experiences with specific programmatic efforts, assessing the fathers' perceptions of those programs, and providing insight into those particular efforts. The emphasis is *not* on how fathers' experience formal support—within and outside the specific program—in a more inclusive way. Studies that did look at fathers' desired service needs are few (i.e., Weinman, Smith, & Buzi, 2002) and did not focus on first-time fathers' needs. In addition, the studies' samples are very limited, including mostly families engaged in risk prevention programs. Finally, while fathers' experience and voices were sought, fathers have not been asked, in a systematic way to describe what they would want from formal support that would meaningfully engage them in their transition to fatherhood.

Purpose of Study and Research Lens

This article presents data from the analyses of eight focus groups with fathers ($N = 47$) and mothers ($N = 9$), as well as consultations or informal interviews with community practitioners ($N = 8$) who work with new and expectant parents. The findings presented here are part of a larger study. The data presented specifically focuses on identified themes around the issue of formal support, including health care provision, existing fatherhood programs, family leave, limitations of formal supports, and lastly, ideas for the creation of a first-time father program. The two-fold purpose of this study was to explore how formal supports do and do not support new and expectant fathers, and how, from the perspective of fathers and mothers, a specific first-time father prevention intervention could meet the needs for formal support.

Conceptual Framework

The conceptual framework of the larger study was based on social learning theory. Social learning posits that individuals learn in relationship to one another through mechanisms such as observation, imitation, and modeling (Bandura, 1977). The assumptions of social learning theory are that individuals use these mechanisms to learn expectations and norms. The relationships between individuals are the medium in which learning takes place. Applied to first-time fathers and the transition to fatherhood, social learning suggests that men become fathers in relation to others, including current relationships with other fathers, as well as the social others in their lives (Marsigilio, 1997). It is these mechanisms of observation, imitation, and modeling that shape who men become as fathers.

In this study, social learning theory underlies the assumption that fathers learn with formal (and informal) social others. Their opportunities for observation, imitation, and modeling are influenced by the social context of their fathering experience. Unlike expectant and new mothers who have pre- and post-natal appointments which act as built in formal support systems that provide more opportunities for observation, imitation and modeling for motherhood, fathers currently do not. Therefore we assert that it is important to both understand how fathers perceive receiving or lacking formal support during their transition to fatherhood, and more specifically if given the opportunity to choose the others they would want to observe, imitate and model, what would that formal support context look like. We also argue that given devastating and long-term child and family outcomes due to domestic violence and child maltreatment, fathers' pro-social and positive development as caregivers to children and co-parents with current or former partners is necessary for improving family outcomes. With this in mind, social learning theory appropriate frames this study's questions of what formal relationships, such as relationships with staff members of programs, or physicians, fathers identify as being supportive or absent during their transition to first-time fatherhood.

It is important to note here, that this study is set in the authors' larger research agenda to add this evidence to the slowly burgeoning tide of research on formal supports for expectant and new fathers, and to place it in conversation with the body of knowledge regarding the issues of intimate partner violence, perinatal and postnatal maternal health, perinatal fetus health, and early child exposure to domestic violence (CEDV). Therefore, while we did not ask participants questions regarding domestic violence, CEDV or health related issues, our study, including our analysis and certainly our conceptual framework, was shaped by this agenda and lens.

Aim and Methods

The larger research project was modeled after Sadusky's (2010) *Planning and Conducting a Best Practice Assessment of Community Response to Domestic Violence* tool. The overall goal of Sadusky's Assessment tool is to look at what a community is providing and what is missing in response to domestic violence from multiple viewpoints, with a systemic perspective. This assessment tool matches the goal of this research project for three key reasons. First, it uses a multi-perspective lens. Second, it approaches the issue (domestic violence) as contextualized in a community and third and finally, it is practice centered. Thus, we adapted the assessment to approach our research agenda for this overall project. We

aimed to understand the community response to expectant and new father engagement in a particular Midwestern metropolitan area from the perspective of practitioners, fathers, and mothers. To achieve this goal, the project included two parts: (1) interviews, what is called community consultations, with community practitioners, and (2) father and mother focus groups. Both studies were reviewed and approved by the Institutional Review Board of the host university. The following methods section outlines the two methods we employed and presents them side by side as two parts of this overall project.

The overall research questions were: (1) What are the experiences of new fathers' informal and formal support? (2) What are the barriers to developing and maintaining support? and (3) What kinds of support would have been beneficial?

Data Collection

Community consultations. As stated above, the method of data collection for the community consultations was an adaptation of Sadusky's (2010) Assessment Guide, which aims to assess how programs, policies and practices use best practices to respond to a problem (i.e. domestic violence). The interviewers (first and third authors) asked community consultants to walk through the steps they take to engage and then work with new and expectant parents. Questions asked were: how do new and expectant parents become involved in your program/work, and describe the process of that involvement. Each community consultation lasted between 30 and 90 minutes.

Focus groups. Using Kruger and Casey's (2009) focus group guide, two sets of questions were developed for the focus groups, one for the fathers and one for the mothers. The focus group questions developed for the father groups centered on the experience of supports and challenges during the transition to fatherhood, as well as their ideal "service" for men to help them with their transition. This was a retrospective report for almost all fathers, as most of them had had their first child more than one year ago. After the first focus group, the questions were refined and used in that form for the remainder of the focus groups. Although the content of the questions remained the same, the research team refined the focus group questions to both simplify and clarify the focus of the questions. For example, one of the original questions was "What kinds of help did you seek out during the first year of your child's life?" This question was replaced with the questions "When you have a question about your child, who are some of the people you turn to?" and "Besides the people in your life, where else did you go for help or support?" The set of focus group questions (11 questions total) for the mothers aimed to understand their perspective of the experience of supports and challenges the fathers of their child (and often times children, as many had children with more than one man) had during the father's transition to fatherhood. The mother focus group questions included: what or who do you think was helpful to him as a father during the first year of your child's life? And: what kind of support or assistance do you wish he had received during that first year? (Contact first author to receive a copy of focus group questions). All focus groups were conducted in a location where the participants were familiar, such as the organization where they attended classes or events. Social workers who were experienced group facilitators conducted all the focus groups. All focus groups were recorded.

Data Analyses

Community consultations analysis. Process maps were made of each of the consultants' work to engage expectant and new parents, outlining the step-by-step process questions above. Process maps are pictorial images with text documenting a process. Using detailed field notes and transcribed interviews the first and third author constructed the unique process maps for each consultant. Then all the maps were analyzed together, looking for overlapping processes and departures. A joint process map of all the community consultations was constructed to illustrate the "community response" to expectant and new parents, particularly focusing on practitioners' and their organizations' responses to fathers. Themes from the individual and joint process map were identified from these analyses and were included in the final analysis of the study's data.

Focus groups. All focus groups recordings were transcribed verbatim. The analysis process for the focus group data was thematic coding identified in Krueger and Casey (2009). Focus group data is unique because participants shape the conversation together in a collective experience. This analysis process for this study consisted of several steps. First separate initial coding of two focus group transcripts by the coders (the first author and a doctoral research assistant) was completed, with the intent of developing inter-coder reliability. After discussing emergent code categories in the separate analysis, there was little discrepancy between the codes. When that discrepancy was resolved, a refined coding schema was developed and used by the coders for the rest of the transcripts. Analysis included attention to individual participants' responses, and the group's overarching experience and tone. A third part of the analysis, along with the individual and the focus groups is analysis between each of focus group transcripts, with the father and mother transcripts analyzed altogether thematically.

Final analysis step. When all the transcripts were coded and the community consultation data was analyzed, a matrix of codes with corresponding links to text was used to identify themes in the data across the different data sources, including all focus group and community consultations (Miles & Huberman, 1994). This matrix assisted in identifying the themes and subthemes relevant to fathers' experience of formal support, which are presented in the findings below.

Study Participants

Father and mother focus group participants. Participants in the focus groups were a convenience sample. Four of the focus groups took place at the organizations where the practitioners interviewed in the community consultations were staff members. Additional organizations with service provision goals to work with fathers and mothers were identified. The focus group host-organizations included: a parent program at a higher education institution; a fatherhood program that worked primarily with fathers, but also engaged mothers; an early childhood and family education program; and a county-run child support program for fathers. Inclusion criteria for mother and father participants were being a parent with at least one child under the age of five. Out of the eight focus groups, six were father-only (N = 47) and two were mother-only (N = 9) groups. The greater number of father-only focus

groups was an intentional sampling strategy as the aim of the study was to focus on the fathers' experience of the transition to fatherhood from the father perspective.

With this emphasis in mind, demographic data for the fathers was collected via a form (see Table 1 below). A greater number of fathers identified as being married or partnered than single. The single fathers were most often non-residential fathers, who were co-parenting with the mother of their child/ren. The wide distribution of income of the fathers and employment status (46% identified as unemployed) reveals the socioeconomic status differences in the study's father participants. In addition to the diversity of relationship status, income, race/ethnicity and employment of the sample of fathers, one of the groups was exclusively a group of stay at home fathers ($N = 15$).

Of the nine mothers in the sample, all were partnered or married to fathers who participated in a father focus group (mother participants were all from two focus group sites). This being true, more than half of the mothers also had children with other men who were not part of the focus groups. Two identified that they had children with three different men. Of the mothers, 22% were White, 11% were American Indian, and 66% were Black/African American.

Practitioners

Only practitioners serving expectant and new parents were included in the community consultations. Eight practitioners took part in the community consultations, representing a variety of service providers delivering formal support to new and expectant parents, including health care, a fatherhood program focused on fathers with custody and child support issues, early childhood and family education. Of these, there were three men and five

Table 1
Father's Demographic Information

Characteristics	Percentage of sample
Relationship Status	
Married or Partnered	79
Single	21
Income	
$10,000 or less	27
$10,000-50,000	24
$50,000 or more	33
Race/Ethnicity	
White	47
African American	41
American Indian	6
Asian American	6
Employment	
Unemployed (working outside of home)	46
Full/part time	54

women. The breakdown of their racial/ethnic background was African American ($N = 2$), white ($N = 5$), and one Hmong American ($N = 1$). All of the practitioners had been working in their fields for more than one year, but most had been practicing for between five to 10 years. There educational levels were in keeping with their fields, most having some kind of social service or health related degree.

FINDINGS

Two sections organize the results of this study. The first section contains the collection of the five main themes identified in data of fathers' experiences of formal social support during pregnancy and the first year after the child's birth. Those five themes are *the value and limitation of childbirth classes for fathers; health care providers can be helpful, but system is not father friendly; father-centered programmatic support; family leave; and overall limitations of and barriers to formal support*. This section includes data from the fathers, mothers and community consultations with professionals. The second section briefly describes fathers' and mothers' ideas for an ideal new and expectant father formal support program.

The Value and Limitation of Childbirth Classes for Fathers

One of the formal supports identified often by parent participants were childbirth classes, which participants also called birthing support and pregnancy classes. While childbirth classes were identified as an example of a formal support, fathers and mothers' opinions of the effectiveness these classes to provide support for the fathers ranged from useful to not very useful. Some fathers thought the classes ought to provide more direction specifically for the fathers. While acknowledging the childbirth classes where primarily for the woman, some fathers desired more instruction on how to be supportive during labor, as one father's statement illustrates:

> I think what would have been helpful support during the pregnancy if they had better birthing support classes for fathers because a lot of the classes I went to was for women and rightly it should be because most of the work on her, but there's not enough instruction on how to support her. They just tell you, "don't ask her no questions. Don't expect her to make decisions." So it's like going in there and you really don't have any idea on how to be supportive.... I think it would've been nice if there were some men in some of those classes to say.... "Hey guys, this is what you do." (FG 1)

While this desire to know more was voiced by some fathers, others, as well as some mothers, spoke only about how the fathers had received useful knowledge that supported their fathering, such as information on how to change a diaper, and wash and feed the baby.

In addition to how valuable and useful the childbirth classes were considered, another element discussed was whether fathers (as well as the mothers) attended the classes and why. Although this information was not a specific focus group question, many participants discussed class attendance. Based on those reports, mothers and fathers volunteered separately they both did not attend childbirth classes. These responses came more often from parents who were co-parenting with a non-residential co-parent. Reasons offered for why they

did or did not attend childbirth classes, and why they thought it was important was another aspect of fathers' experience of childbirth classes. Sometimes there was ambivalence about attending due to the lack of support from family members, as expressed here by one father who speak to the motivation behind his attending pregnancy classes:

> It was more like she asked me to go and I didn't want to go in the first place, but I just did it to kind of support her, 'cause I told her we don't need no pregnancy class. If you want a one-on-one pregnancy class, you can just come over to the crib, talk it over with my mom, tell you wassup. (FG 2)

This father illustrates the belief that family relationships, such as the father's own mother, would be a comparable and preferable alternative to formal childbirth classes. Overall, childbirth classes were recognized as one of the places to get support and information during pregnancy, and yet, not an ideal place for fathers (and for some mothers) to go.

Health Care Providers Can Be Helpful, But System Is Not Father Friendly

In addition to childbirth classes, there were several other aspects of health care provision that the fathers identified as being supportive during their transition to fatherhood. These included pediatricians, lactation specialists and nurse or "baby" help lines, what one father described as "probably the greatest invention ever" (FG 4). When discussing lactation specialists, fathers recognized although they were not directly helpful to him in his role, the care was supportive to him indirectly because it helped his partner and child to move more easily through the breastfeeding experience.

Persistence in the face of perceived failures of health care. While participants provided many examples of the support they received from health care providers, there were also descriptions of perceived failures by the health care system. One example from a fathers' perspective is the experience of staying at the hospital after the birth of his two children.

> Mostly, for me, the big downfall that I found or the hardest part of becoming a father was the last twenty, thirty years, the modern idea of the father role during childbirth; the basic requirement of being in the birthing room. And I'm not opposed to that, it's just at the hospital where our children were born, I did not feel very welcomed. I was there for three days with both children. I was count(ed) one meal. So I was constantly having to leave my wife with the newborn to go get food, instead of having the meals brought to the room to eat with my family. The chair/couch thing I had to sleep on was terribly uncomfortable and every time they come in to check on my wife if she was asleep, even though she told me what to tell them, they ignored me and woke her up. It was like I really didn't need to be there. In fact, they really didn't want me there, but everything in society says I'm the worse parent in the world, if I'm not there. That was the hardest struggle for me, so far. (FG 5)

In addition mother participants echoed a lack of father friendliness in other health care settings. Describing her experience with having her male partner attend prenatal appointments, which lead to her changing providers, one mother stated:

> It's like [the doctors and nurses] try to push [the fathers] away to where they don't know anything. You know, my doctor, I had to change my doctor because the first doctor's appointment that I had when I did find out I was pregnant, she kind of pushed him completely away. When I changed doctors, they were more welcome for him to come in, listen to the heartbeat, see the ultrasounds, everything. (MG 1)

The sense that fathers are being "pushed away" or not included in health care contexts where the mothers are getting care has a different understanding from the view of the practitioners. And this is the view of who the client is based on the health care system and specifically billing for insurance claims.

When the father is and isn't the client. Analysis across the health care practitioners' accounts provided evidence that new and expectant mothers were more almost exclusively identified as the client or patient when services were provided to new and expectant parents, with fathers' involvement as minimal. In part, this delineation stems from the matter of identifying a "client" to bill health insurance companies. This means that the health care practitioner frames the work they do during a visit as being with that particular client; for example, in prenatal care the client is the woman therefore she is asked the questions, if there is additional and more directed social, emotional or financial support needed then the woman is referred to those services. When asked about what would be done for a soon-to-be father if he expressed the need for additional support, one practitioner stated that he could not receive the same kind of aid from their clinic as the woman, because he was not the client.

These voices echo the mothers and fathers experience of some health care providers and as well as the setting themselves failure to support the fathers in their transition. However, both quotes above demonstrate how mothers and fathers persevered through these challenges, standing firm in their commitment to father engagement during the transition to fatherhood. Supported by the practitioner interviews as well, the support of health care that fathers and mothers identified as examples of formal support prenatally and in the first year of fatherhood focuses parental attention primarily on the health and wellbeing of the mother.

Father-Centered Programmatic Support

In addition to the identification of childbirth classes and health care, father-centered support programs were another source of formal support during the transition to fatherhood. In general, fathers who took part in programmatic support specifically for fathers and their respective co-parents stated that these types of programs were instrumental in the fathers' development. This finding is somewhat to be expected since six out of the eight focus groups were conducted with parents participating in parent support programs, and four of them being specifically for fathers. With that said, there were specific elements of father-centered programmatic support most commonly valued by fathers and mothers during the transition to fatherhood, namely the sense of connection and belonging, access to resources.

Sense of connection and belonging. The first subtheme of programmatic support is the sense of connection and belonging, which fathers and mothers both described as being uniquely present in the father-centered support programs. Within the subtheme of sense of connection, different expressions emerged, such as a sense of family, and a place to not feel

alone including a sense of family. One of the mothers in a focus group illustrated this sense of connection and belonging stating:

> When he was here, he felt like everybody knew him and everybody was supportive of him. He felt like he was showing his kids off and he was going to visit people even though he wasn't going anywhere…. It gives them a sense of family; a lot of them don't have family. They don't have that type of family support and friend support and they do that here. A lot of them have family and friends but they can't even talk to them. (MG 1)

This mother's statement demonstrates the perspective that the connection and type of support that fathers find from programmatic support may not be available from family because "they can't talk to them."

In addition to fathers' experiences of the limited quality family support was the issue of the limited quantity, and specifically the lack of geographic presence of family made programmatic support "a big help", as one father described. (FG 5) When family members were not in the same town as the new and expectant parents, this was often a source of loss and missed support. One father even shared that he and his wife had moved after the first year of their child's life to be closer to support family members. But, for the case of those less mobile, father programs provide an alternative source of familial belonging.

Along with the sense of familial support within programs, participants also stated that they found a place of peers, where they could share what was on their minds, as one father illustrates his experience of this here: "The kids can stay busy up until it's time to come back so you can spend some time with people your age and like-minded individuals that are thinking 'man how am I gonna make it through?' too" (FG 1). Another father, who was a stay-at-home parent expressed that before finding the peer group at the program he was involved in he felt "really alone prior to that" (FG 4).

Access to and finding resources. In addition to connecting to other fathers in a peer-to-peer fashion, fathers also described how through programmatic support they located vital and often essential resources for the caring of their children, but also for the development of themselves as men who were fathering. Although the types of resources sought after differed for men from different social locations, the subtheme of accessing resources (e.g. information about child support, policies, and books) resonated through the groups. For non-residential, court-ordered fathers who almost all had issues related to child support, there were specific programs that helped with resources. They included employment centers, child support/case management programs, as well schools—both high school and vocational programs. The following statement from a father provides an example of his experience of finding resources through programmatic support:

> Workforce Center, I went to that. I think that's the main thing I went to, was the workforce center. Then, I had help from the school, because I mean, this was the time when my son was born, I had to get help from the school 'cause I didn't graduate on time to get my high school diploma. So, the school was actually helping me with all kinds of stuff that was going on with the baby and stuff like that. It was pretty good support. (FG 2)

Family Leave

An aspect of formal support that emerged as a theme, and was discussed by almost all of the focus groups was the issue of family leave. Although respondents did not necessary have accurate information about the United States' Family and Medical Leave Act of 1993, which is the closest approximation of "family leave" for parents after the birth or adoption of a child in current US policy, there was clear agreement of the failure of family leave policy to adequately provide the opportunity for both mother and father the paid time off or government provided financial support to be with and bond with an infant following birth. In the following exchange, a few fathers share their view on the importance of paternal family leave:

> [F1] I think it's important to get fathers to be at home, to be with their children so they're familiar with their children within the first year or two.
> [F2] Getting used to the child
> [F3] Yes … yes…
> [F4] Child getting used to the children.
> [F2] Bond with your child.
> [F1] Bond and at the same time, dads should get the same thing. (FG 1)

Fathers and mothers both described their assessment of the lack of government support as something that got in the way of important things, such as bonding with the child, as well as supporting the mother. To contrast their own experiences, fathers pointed to European and Scandinavian counties as examples of countries who provide "awesome" support of fathers' leaving taking. (FG 5) One father exclaimed that fathers from countries with well supported family and particularly paternal leave have the opportunity to "build the strong family that they want." (FG 5)

Overall Barriers in Formal Support

While formal support was identified as one of the key forms of support during fathers' transition to becoming a father, interwoven in the discussions was the theme of how and where the barriers to formal support existed. Despite the differences in socioeconomic levels within the focus groups, and whether it was stay-at-home dads, or full employed outside the home, program participants or not, almost all the father focus groups and one of the two mother focus groups observed the lack of formal father support and father "friendliness" across the different domains of health care, programmatic support like parenting classes, and governmental programs such as WIC, income support, and shelters.

> *[FGF] Anything else that … you all think that there are programs out there for dads?*
> [F1] There only one that I know of, right now.
> [F2] My older brother … this was when his son now is, I think he may be six, or seven, but this might have been in like 2006, maybe … he went to a kind of father/dad program and they used to activities like roller garden and all that type of stuff and they actually helped him find housing for him and his child and stuff. I haven't heard of anything like that now, today. But, I know that they used to do that a lot, pretty often.

[FGF] Wow. Anybody else hear about things?
[F3] …told me there's a couple programs
[F4] I haven't heard too many about dad programs
[F5] Yeah, me neither.
[F1] And when you get it's select. (FG 2)

While this dialogue about the scarcity of father programs took place between fathers currently not engaged in ongoing father support classes outside of child support court involvement, it was similarly pointed out by fathers actively participating in a more active father specific program with weekly opportunities for connecting to other fathers.

In several groups, issues parents described how they thought that formal systems (e.g. WIC, shelters, medical insurance, food stamps, CPS) were set up for women to access readily, but fathers were met with responses ranging from reluctance to flat out denial. Both fathers and mothers discussed their belief that in part there is a bias toward programs for women who are mothers, to the detriment of men who are fathers. One father described this bias here:

[F1] Honestly, I don't think there's a lot of programs out there for fathers. But there is lots of programs for women. So, just to see men stand up, though … like some females acknowledge it 'cause it's already there for them, but when it comes down to the father being there, you don't see any types of programs handing their hands out "we have this. We have that"
[F2] It's hard for the black man. They do. They make it real hard, to where women don't gotta do nothing. (FG 3)

While the fathers' statements in the quote above describe systems as being biased toward the mother in general, there were also particular experiences fathers described of particular government systems that they had been effected by. The following example a father relays his experience with the child protection systems' bias against him, despite his shorter criminal record than the mother of their children.

> They put it so where the father is pretty much excommunicated and kicked out of the child's life. They try to put it so that the father can never go back in the child's life. So now my kids re in foster care. I still have visitation with them but it's hard for me to get with my kids. But I don't have a large record. You take a look at the rap sheets and mine is two pages long; her's is like a damn dictionary. You know? But to look at me like I'm the bad one. Now I pretty much have no rights. I have to fight tooth and nail with these people until they tell you one thing; but when you get to court, it's something totally different. They say "we're looking at reunification with the mom. We're not going to leave the kids with you until mom's proven she's not capable. We're going to look at other options." Well, I'm right here. I'm telling you I'm right here.... I've had to call county workers and the supervisors and emails at least a hundred times before I get a response. That's ridiculous. (FG 1)

While this father's experience with the CPS system may not be representative of how fathers are included and treated, his experience points to the general experience fathers had with systems as being biased toward mothers and against or neutral toward fathers.

Imagining a Program for Expectant & New Fathers

When asked to describe what a program designed to help support and address the challenges of expectant and new fathers in their transition to fatherhood, fathers and mothers' responded affirmatively that they believed a program would be helpful. However, the responses took on unique emphases based on their particular social location, with particular respect to gender, residential status with child, and programmatic engagement with a father specific group program. The following section outlines these differences.

"My kids need fathers, not ATM machines." The main theme that emerged from the mothers' groups was their desire to have a program support fathers to help them in "being a dad". This idea that a formal support program could help a new and expectant father to be a dad had very specific meaning in the context of their observations of their male co-parents' interactions with various father related systems. For the mothers whose co-parenting partner was already engaged in the father-centered support program, which was the majority of the sample, they expressed the desire to have more programs like it for several reasons. One reason was that the mothers saw the program as helping the men become fathers, which they contrasted with ones that focus only on paying child support as one mother illustrated stating:

> If they offered more programs like this, as opposed to programs that are geared towards hurrying up and getting them working so they can pay child support. Right? I mean, I would much rather you be a great dad who ain't got no money, than a dad that's steady throwing money in my face, but you're not a dad. My kids need fathers, not ATM machines. They can do without name brand stuff. But they can't do without a daddy, a father. (MG 1)

The second and connected reason was that the program "tr[ies] to involve the women". (MG 1) For the mothers, this was an important reason to support the development of father-centered formal support programs as it addressed the concerns that the fathers of their children did not hear them when they expressed their ideas about what it meant to be a father but would do what their male group members or father support staff would say. Some of the topics the mothers thought could be part of "being a dad" curriculum included learning about child development, the importance of and strategies to increase early literacy, and co-parenting.

"It's right here. Coming to it here right now." Echoing the respective mother group, some fathers who were engaged in father support programs expressed they too believed that the same program would be the best for new and expectant fathers. When describing their conviction to replicate their program, the fathers identified specific key elements to the group's success: group time, having other men in similar situations with whom to talk with and opportunity for peer feedback, and assistance with resource identification.

> I think the group setting—I'm just telling you—is a lot more helpful than just reading the book. I have a very spirited three-year-old, his sister, that I'm trying to read a book about, but it's not as comfortable for me as being here and having guys in a

> similar situations and be able to vent out what's been going on and getting feedback and instructional classes that we exercise in groups and this is what we're going to do for an hour with our kids. You, know how we're going to prepare for an outing and so on and so forth. In empowerment groups, how to stop and think before you get in certain situations. That type of stuff is really helpful. (FG 1)

The belief that what new and expectant fathers needed from a formal support program was to replicate the program they were engaged in was indeed a common response for men currently engaged in a father-centered program, who again were mostly men who identified as being partnered with a mother of one of their children. However, for the fathers who were non-residential fathers and not partnered, their ideas for a formal support program were different.

While fathers and their female partners engaged in ongoing support or education groups talked about replicating their program for new and expectant fathers, fathers who were both non-residential, and non-ongoing support program engaged fathers identified the need for concrete, life-skill type assistance. These fathers named several areas that they thought should be included to a new and expectant fathers program: budgeting, activities to do with child, adult education, job research, counseling, and legal information.

Limitations

There were several important limitations to note. The findings of this qualitative study are unique to this sample, and are not generalizable. Further, the fathers were all involved in programs that targeted father involvement and are not representative of fathers in general. Next, although the larger study collected data from three perspectives, based on the analysis of this study, much of the data from the community consultants was not relevant to the research questions for this inquiry. In addition, the results of the study are more predominantly drawn from the fathers' group data. The retrospective perspective of the fathers and mothers also was a limitation; having collected data from parents currently experiencing the transition to fatherhood could have provided a more present in-the-moment understanding of what fathers' formal support needs.

Discussion

This study adds to the empirical data available to answer the question of what formal support systems offer first-time fathers, using a unique multi-perspective picture from focus groups with fathers and mothers, as well as individual consultations with professionals who work with new and expectant parents. The sample of fathers included a diverse group including court ordered fathers, and fathers engaged in two different father support programs, which included a group of stay-at-home fathers. This diversity of experiences both increases the variety of demographic characteristics of the fathers, but also demonstrates that there are commonly held experiences of formal supports among first-time fathers. It is important to note that all men in the father focus groups spoke of the support they received from formal supports. In addition, they acknowledged the desire for group-based, peer support with other fathers, regardless of all their diversity of income, race, residential status with mother and child, education level, employment status, participation in father specific programming, and staying at home or not.

One of the core purposes of the study was to build the knowledge of fathers' desire for formal support or a program during that transition to fatherhood, and when the desire is there, what that program would encompass, including content and delivery. This purpose differs from research that has asked fathers about particular administered programs or initiatives (Brage Hudson et al., 2003; Summers, Boller, & Raikes, 2004) and expands on research that explores fathers' experience of the services around the prenatal and postnatal care of their children (Fletcher, Silberberg, & Galloway, 2004; Premberg, Hellström, & Berg, 2008).

The finding that fathers expressed the importance of and their desire for formal support should considered alongside the important differences between fathers, as stated in the results section above; residential fathers differed from non-residential fathers, and stay-at home fathers differed from fathers who worked outside the home. At the same time, lines cannot be drawn that would clearly express these differences. Instead, the intersecting issues of social location, such as race, socio-economic, and marital status, as well as age create a complex weaving of experience in the fathers' lives and therefore must be considered in future research and formal support programmatic efforts.

Along with the importance of fathers' social location, particularly essential to this discussion of father support programs (i.e. prevention interventions for expectant and new fathers) is the purpose of these programs. For example, the U.S. Promoting Responsible Fatherhood initiative policies (U.S. HHS, 2014) which have funded father engagement programs across the country, must not be programmatically reduced to helping men with their economic support of children, but must help to maximize program focus on the caring, nurturing and potential developmental elements of fatherhood, or what the mothers described as learning to "being a dad". In addition, fathers in this study who were involved in court ordered programs, more likely to not be a residential father, and less likely to be fully employed had many concrete needs that may prevent them from engaging in programs that might have a higher expectation for readiness to change (see also Ferguson & Morley, 2011).

In addition, the theme of barriers to formal support is one of the most complex and nuanced elements of this study's findings because at the center is the question: why do these barriers exist? The study's findings point to some of the issues related to the underlying framework of services to new and expectant parents as being very mother-focused, although this framework is not unique to this population. For example, the current structure of care—health care and promotion of health and wellbeing, including child maltreatment—is on maternal and child health. For example, the Maternal and Child Health Bureau within the Health Resources and Services Administration, U.S. Department of Health and Human Services (HRSA, 2014) directs funding from the Bureau to state level maternal and child centers, typically located within state health agencies, as well as to programs such as home visiting and other parenting and child maltreatment prevention efforts which predominantly focus the intervention on the maternal parent.

Although a maternal and child health focus is warranted *and* vitally important for a variety of reasons including, the unique relationship between a woman and fetus and later her infant, the question remains: how does this focus impact the effectiveness of the prevention and intervention efforts (for heterosexual partners, or gay partners) when paternal health is not also a part of the health equation? A rationale for including fathers into the health equation can be made as a means to both to increase protective factors and reduce risk factors for preventive measures. For example, considering what is known about the impact of do-

mestic violence on the lives of women before, during and after pregnancy (Macy, Martin, Kupper, Casanueva, & Guo, 2007; Martin, Macy, Sullivan, & Magee, 2007), and children due to the effect of child exposure to domestic violence (Kitzmann, Gaylord, Holt & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003) providers and systems of care, as well as the structures that fund them, must continue to study and address the systemic barriers or "systemic gatekeeping" that limit expectant and new fathers' health assessment and potential services and care, as well as pro-social but safe involvement with their partners and newborns. And this involvement must be prevention focused and aimed at protective factors, as are initiatives for mothers. Understanding the maternal-focused dyadic nature of reaching out to new and expectant parents remains a key research, policy, and practice question that will require critical analysis of multiple disciplines (Plantin, Olukoya, & Ny, 2011).

Along with the mother-focused framework of services for new and expectant parents, another important issue to consider when thinking about formal support for first-time fathers is men's overall health help-seeking behavior. Not enough is currently known about men's health seeking behavior, particularly that of non-white middle class men, to be able to effectively shape health related policy and practice with men (Galdas, Cheater & Marshall, 2004; Plantin, Olukoya, & Ny, 2011). Findings from this study included that although most of the fathers in this study were participants in formal support programs, the community consultants and mothers disclosed that some of the men had not initially been willing participants. In fact, some of the men became program participants because their female partners registered them. Future studies need to collect data on what affects expectant and new fathers' uptake of formal support.

In addition, as also found previously, practitioners who are designated to work with first-time fathers may not be in line with fathers' ideas for formal support. As was demonstrated in a study of child protection services involved fathers, practitioners don't always provide or refer fathers to services that the fathers are most interested in, namely support groups with other fathers (Huebner et al., 2008). This may be due in part to the limited nature of father support groups, as well as the individualized approach to the United States' medical model structure of health care and social services. Namely, one issue that may come into play, as heard in results of this study, was how to bill for support groups verses individual sessions or treatment programs.

Service providers need to place fathers in the frame of client/patient/family particularly during pregnancy and during the first year. The data from this study illustrate that the health and social services system as a whole, and health care providers are not equipped to engage fathers in a way that is supportive to the fathers themselves and which in turn impacts the ability to support mothers and child's health and well-being. Finally, the fathers in this study were affected by formal support and acknowledged the desire for group based, peer support with other fathers. To improve the effectiveness of formal support for pregnant and new parents, and to increase the availability, accessibility and effectiveness of father formal support, further study across disciplines is warranted.

References

Bäckström, C., & Hertfelt Wahn, E. (2011). Support during labour: First-time fathers' descriptions of requested and received support during the birth of their child. *Midwifery*, *27*(1), 67-73.

Bandura, A. (1977). *Social learning theory*. New York, NY: General Learning Press.

Brage Hudson, D., Campbell-Grossman, C., Ofe Fleck, M., Elek, S.M., & Shipman, A. (2003). Effects of the new fathers network on first-time fathers' parting self-efficacy and parenting satisfaction during the transition to parenthood. *Issues in Comprehensive Pediatric Nursing, 26*(4), 217-229.

Boyce, P., Condon, J., Barton, J., & Corkindale, C. (2007). First-time fathers' study: Psychological distress in expectant fathers during pregnancy. *Australian and New Zealand Journal of Psychiatry, 41,* 718-725.

Chandler, S., & Field, P.A. (2010). Becoming a father: First-time fathers' experiences of labor and delivery. *Journal of Nursing-Midwifery, 41*(2), 17-24.

Condon, J., Boyce, P., & Corkindale, C. (2004). The first-time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. *Australian and New Zealand Journal of Psychiatry, 38,* 56-64.

Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? *Journal of Advanced Nursing, 63*(6), 626-633.

Dubowitz, H., Lane, W., Grief, G.L., Jensen, T.K., & Lamb, M.E. (2006). Low-income African American fathers' involvement in children's lives: Implications for practitioners. *Journal of Family Social Work, 10*(1), 25-41.

Eriksson, M., & Hester, M. *(*2001). Violent men as good-enough fathers?: A look at England and Sweden. *Violence Against Women, 7*(7), 779-798.

Fägerskiöld, A. (2008). A change in life as experienced by first-time fathers. *Scandinavian Journal of Caring Sciences, 22,* 64-71.

Ferguson, S., & Morley, P. (2011). Improving engagement in the role of father for homeless, noncustodial fathers: A program evaluation. *Journal of Poverty, 15,* 206-225.

Fletcher, R., Silberberg, S., & Galloway, D. (2004). New fathers' postbirth views of antenatal classes: Satisfaction, benefits, and knowledge of family services. *Journal of Pertinatal Education, 13*(3), 18-26.

Gage, J.D., & Kirk, R. (2002). First-time fathers: Perceptions of preparedness for fatherhood. *Canadian Journal of Nursing Research, 34*(4), 15-24.

Galdas, P.M., Cheater, F., & Marshall, P. (2004). Men and health helping-seeking behaviour: Literature review. *Journal of Advanced Nursing, 49*(6), 616-623.

Guterman, N.B., & Lee, Y. (2005). The role of fathers in risk for physical child abuse and neglect: Possible pathways and unanswered questions. *Child Maltreatment*, *10*(2), 136-149.

HRSA. (2014). Engaging fathers: Needs and satisfaction in child protective services. Health Resources and Services Administration, Maternal and Child Health Bureau. U.S. Department of Health and Human Services. Retrieved from http://mchb.hrsa.gov

Huebner, R.A., Werner, M., Hartwig, S., White, S., & Shewa, D. (2008). Engaging fathers. *Administration in Social Work, 32*(2), 87-103.

Kaila-Behm, A., & Vehviläinen-Julkunen, K. (2000). Ways of being a father: How first-time fathers and public health nurses perceive men as fathers. *International Journal of Nursing Studies, 37*(3), 199-205.

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,* 339-352.

Kruger, R.A., & Casey, M.A. (2009). *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage.

Macy, R.J., Martin, S.L., Kupper, L.L., Casanueva, C., & Guo, S. (2007). Partner violence among women before, during, and after pregnancy: Multiple opportunities for intervention. *Women's Health Issues, 17*(5), 290–299.

Magill-Evans, J., Harrison, M. J., Benzies, K., Gierl, M., & Kimak, C. (2007). Effects of parenting education on first-time father' skills in interactions with their infants. *Fathering, 1*(5), 42-57.

Marsiglio, W. (1997). Fatherhood scholarship. In W. Marsigilio (Ed.), *Fatherhood: Contemporary theory, research and social policy* (pp. 1-19). Thousand Oaks, CA: Sage.

Martin, S.L., Macy, R.J., Sullivan, K. & Magee, M.L. (2007). Pregnancy-associated violent deaths: The role of intimate partner violence. *Trauma, Violence, & Abuse, 8,* 135-148.

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child and Family Social Work, 17,* 160-169.

Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.

Plantin, L., Olukoya, A.A., & Ny, P. (2011). Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: A scope study literature review. *Fathering, 9*(1), 87-102.

Premberg, A., Hellström, A., & Berg, M. (2008). Experiences of the first year as father. *Scandinavian Journal of Caring Sciences, 22*, 55-63.

Sadusky, J. (2010). Planning and conducting a best-practice assessment of community response to domestic violence. Praxis International, MN. Retrieved from http://www.vaw.umn.edu/documents/.../bestpractice911topatrol.pdf

Sharps, P.W., Laughon, K., & Giangrande, S.K. (2007). Intimate partner violence and the childbearing year: Maternal and infant health consequences. *Trauma Violence, 8,* 105-116.

Summers, J.A., Boller, K., & Raikes, H. (2004). Preferences and perceptions about getting support expressed by low-income fathers. *Fathering, 2*(1), 61-82.

United States Department of Health and Human Services. (2014). Promoting responsible fatherhood. U.S. HHS. Retrieved from http://fatherhood.hhs.gov.

Weinman, M.L., Smith, P.B., & Buzi, R.S. (2002). Young fathers: An analysis of risk behaviors and service needs. *Child and Adolescent Social Work Journal, 19*(6), 437-453.

Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A., & Jaffe, P.G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review, 6*(3), 171-187.