

**Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED)**

**OMB Information Collection Request**

**New Collection**

**Supporting Statement**

**Part A**

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- Attachment 1 PAIVED Interview & Site Visit Screener
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## **A1. Necessity for the Data Collection**

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval for information collection (IC) activities as part of their effort to better understand the services that federally and non-federally funded Responsible Fatherhood (RF) programs are providing or could provide to address and help prevent intimate partner violence (IPV) among their participants.

### ***Study Background***

Intimate partner violence, or IPV (sometimes referred to as domestic violence), is a widespread problem in the United States. Although estimates vary, some data suggest that more than 15 million children live in families in which IPV occurs. Experiencing and/or witnessing violence in relationships can negatively affect the physical, mental, and emotional health of women, men, and children.

Since 2006, the Office of Family Assistance (OFA) within ACF, has provided funding and grant oversight for Responsible Fatherhood (RF) grantees. RF grantees from across the United States provide services to help fathers in several domains:

- Strengthen positive father-child engagement
- Improve employment and economic mobility opportunities
- Improve healthy relationships (including couple and co-parenting) and marriage

Families served by RF programs (including OFA's RF grantees and other non-federally funded RF programs providing similar services) may experience IPV, which can interfere with the achievement of program goals. In such families, fathers may behave violently, or use coercion or control against their partners. They may be victims or survivors of violence themselves. As such, OFA encourages RF grantees to take a "comprehensive approach to addressing domestic violence (DV)" in their programming. However, the approaches to addressing IPV varies substantially across both RF grantees and non-federally funded programs. It also is unclear whether and how RF programs document their comprehensive response to IPV disclosure, particularly beyond service referrals. For example, although many of OFA's RF grantees do note their collaboration with IPV coalitions or service providers, either as part of the program or as related to service referrals or both, there may be a wide range of possible types of partners.

To this end, the ultimate goal of this IC request (ICR) is to document current approaches to addressing IPV, including the types of partnerships in place, and provide recommendations, resources and trainings to support RF programs in addressing IPV in more consistent and effective ways. This information will be used to promote the role that RF programs can play in addressing and contributing to the prevention of IPV; raise awareness about available research-based strategies and approaches for preventing and addressing IPV, as well as the current uptake of these strategies among RF programs; and increase RF programs' implementation of research and evidence-informed strategies to prevent and address IPV. Findings will be disseminated to a range of relevant audiences, including federally and non-federally funded RF programs, federal agencies, and technical assistance providers working with RF programs. Additional audiences

include direct service providers who partner with fatherhood programs, advocates for RF programs, non-government funders, curriculum writers, and researchers.

In order to carry out this work, ACF has contracted with Child Trends. Child Trends has two subcontractors, Futures Without Violence and Boston Medical Center, who make up the rest of the study team.

### ***Legal or Administrative Requirements that Necessitate the Collection***

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

## **A2. Purpose of Survey and Data Collection Procedures**

### ***Overview of Purpose and Approach***

This is a descriptive study. The purpose of this IC is to better understand the services RF programs provide to prevent, identify, and otherwise address IPV. Collected data will be used to describe RF programming, including IPV-related content, and partners and to inform recommendations, resources, and trainings for best addressing IPV in RF programming.

This new data collection involves: semi-structured interviews – either in-person during site visits or via telephone – with up to 25 RF program staff (Program Directors and Program Facilitators) and up to 15 Partner Organizations/Providers, and program observations. IC will focus on RF programs with diverse target populations and IPV services, from a range of geographic locations. The program observations do not impose any respondent burden.

Data collection will begin in the fall of 2018 (pending OMB and IRB approval) and is expected to take place over a four-month period.

### ***Research Questions***

All OFA-funded RF grantees are encouraged to address IPV in some way through their RF programming, but a preliminary scan of grantees suggests wide variability in how grantees address IPV. Non-federally funded RF programs are similar in terms of the diversity of approaches to addressing IPV through their programs. This emphasizes a critical need to document answers to the following research questions:

- 1) How do RF programs identify, address, and prevent IPV?
- 2) What is the role of partner organizations in efforts to address and prevent IPV?
- 3) What are the strengths and weaknesses in current approaches for addressing and preventing IPV both within and outside of RF programs?

This information will ultimately help fill gaps in services for fathers and families at risk of or facing IPV and inform recommendations for approaches RF grantees and other RF programs could take to address and prevent IPV among program participants.

## ***Study Design***

Data will be collected from staff (Program Directors and Program Facilitators) in federally and non-federally funded RF programs and Partner Organizations/Providers through semi-structured interviews, as well as program observations conducted during site visits with up to six RF programs. The purpose of this IC is get an in-depth understanding of RF program IPV-related services and partnerships, including strengths and weaknesses of program approaches and other information RF program and partner staff have to share about their experiences implementing IPV-related services.

**Program Director** is a term we use broadly to refer to an individual who oversees RF program operations. This individual may oversee more than one type of program and may or may not implement or facilitate sessions that directly address IPV. They are likely responsible for hiring and training staff, choosing curricula and programming based on community need and funding requirements, reporting to funders, and maintaining partnerships with other organizations.

**Program Facilitators** are the individuals working directly with fathers and who may or may not directly implement IPV programming. The dynamics of these roles may overlap and vary by program/organization.

**Partner Organizations/Providers** could include a range of personnel who work for an organization that partners directly with RF programs, such as a domestic violence prevention center or other community center. For example, Partner Organizations/Providers could include administrators, clinic staff, university staff, or others identified during the recruitment process. The goal of speaking with Partner Organizations/Providers is to get a sense of how RF programs are perceived by the partner organization, how they are received by the broader community, how partner organizations find out about RF programs, why they choose to partner with the RF program, and what, if any, IPV services they offer RF program participants.

Semi-structured interviews will be used to address the research questions because this method allows flexibility for the respondent to guide the interview and provide in-depth discussion about topics that are understudied and therefore not well understood. Moreover, the semi-structured interviews can be adapted to a variety of respondent types (i.e., Program Directors, Program Facilitators, and Partner Organizations/Providers), which supports data collection from multiple participants with varied perspectives and improves the quality of the data (Rubin, 2011).

Grantees will be screened and selected based on their geographic location, populations served, types of services offered, relationships with partner organizations, and OFA-funded status (see ***SSB1. Respondent Universe and Sampling Method*** for more information). The screening process for the study will involve selection of a diverse cross section of federally and non-federally funded RF programs whose services seem to be reflective of the overall RF program population. Our sample will therefore be as representative as possible.

### ***Universe of Data Collection Efforts***

The research approach calls for the development of customized PAIVED semi-structured interview protocols as well as an initial screening document to use during recruitment. The current ICR includes the following:

- o **Study screener:** RF programs and partner organizations will be screened prior to data collection to ensure that programs included in the study represent a cross section of the general population of RF programs in the United States to the extent possible. Screening questions will assess geographic location, populations served, types of services offered, and relationships with partner organizations (see **Attachment 1 PAIVED Interview & Site Visit Screener**). Respondents to the screener will be informed that their participation in the screening interview is voluntary before any questions are asked.
- o **Semi-structured interview with RF Program Staff:** The semi-structured interview protocol will probe for what RF programs are doing to prevent, identify, and address IPV (see **Attachment 2 PAIVED RF Program Staff Interview Protocol**). The interviewees will be asked to give their consent before beginning the interview (see **Appendix A Consent Form PAIVED Interviews**).
- o **Semi-structured interview with Partner Organization/Providers:** Staff from partner organizations will also be asked what they are doing to prevent, identify, and address IPV by engaging fathers (see **Attachment 3 PAIVED Partner Organization Interview Protocol**). The interviewees will be asked to give their consent before beginning the interview (see **Appendix A Consent Form PAIVED Interviews**).

Program observations will also be conducted for purposes of documenting how programs train for and deliver IPV-related content and services. These observations do not impose any respondent burden.

### **A3. Improved Information Technology to Reduce Burden**

Whenever possible, we will use advanced technology to collect and process data to reduce respondent burden and make data processing and reporting more timely and efficient. For example, about half of interviews will be completed via telephone. A digital audio recorder will be used in all semi-structured interviews, if respondents agree to be recorded. Before recording an interview, verbal consent will be obtained from the interviewee.

### **A4. Efforts to Identify Duplication**

Every effort has been made to determine whether similar research and information exists by searching existing studies and reports, and in consultation with federal staff. As part of these efforts, we reviewed reports that specifically focus on RF programs, as well as literature related to IPV. Though existing research about RF programs is available, additional information is

needed to better understand how RF programs are addressing IPV. We concluded that no existing data source can provide the data needed to answer the study's research questions.

#### **A5. Involvement of Small Organizations**

No information will be collected from small businesses or other small entities.

#### **A6. Consequences of Less Frequent Data Collection**

This is a one-time data collection.

#### **A7. Special Circumstances**

There are no special circumstances for the proposed data collection efforts.

#### **A8. Federal Register Notice and Consultation**

##### ***Federal Register Notice and Comments***

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on February 8, 2018, Volume 83, Number 27, page 5630, and provided a sixty-day period for public comment. A copy of this notice is attached as Attachment 4. During the notice and comment period, no comments were received.

##### ***Consultation with Experts Outside of the Study***

The study team will regularly engage experts outside of the study team throughout the duration of the study. The study team has the expertise to carry out proposed study procedures including conducting interviews and program observations, conducting a comprehensive review of the literature and existing resources on IPV and review, and assessing services that RF programs provide to address IPV. However, engaging IPV/Domestic Violence/Fatherhood experts across varying fields will help ensure that we adequately identify unique challenges and considerations around addressing IPV in RF programs.

#### **A9. Incentives for Respondents**

No incentives for respondents are proposed for this information collection.

#### **A10. Privacy of Respondents**

Information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law.

Informed consent will be obtained prior to conducting interviews. Only the interviewer will sign the consent form acknowledging that the participant consents to participate. By not requiring the participant to sign and print her or his name on a consent form, the study team will minimize the amount of personally identifiable information collected. We will request a "Waiver of signed



consent” through the Child Trends IRB. This approach will also reduce burden to respondents participating by phone by not requiring the participant to sign and return a hardcopy. After consent is obtained, the interview will begin. Semi-structured interviews will be audio recorded, if the participants agree.

Participants will be notified that their results will be combined with the results of others and that their names will not be used in reports of data. They will also be notified that the funder will not be made aware of their participation or refusal to participate. They will also be made aware that their decision to participate will have no bearing on their funding.

The study team will not begin any data collection activities prior to receipt of OMB and IRB approval.

As specified in the contract, the Contractor shall protect respondent privacy to the extent permitted by law and will comply with all Federal and Departmental regulations for private information. The Contractor has developed a Data Security Plan that assesses all protections of respondents’ personally identifiable information. The Contractor shall ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor, who perform work under this contract/subcontract, are trained on data privacy issues and comply with the above requirements.

As specified in the Contractor’s Data Security Plan, the Contractor shall store data containing personally identifiable information (PII) on secure servers and further encrypt with a password all documents that are used to link participant identities with their data. Every effort will be made to store data electronically ONLY and shred any hard copies of data. This includes the storage of consent forms. When electronic conversion is not possible, non-electronic data (e.g., paper files) will be stored in locked cabinets. When data with PII need to be shared with the subcontractor study partners outside of Child Trends, the Contractor shall use an electronic secure file transfer platform (SFTP) to protect all instances of sensitive information during storage and transmission. If sharing the data electronically is not possible, the Contractor shall mail documents with PII separately from any other data, to the extent possible (for instance, mail consent forms with individuals’ names separately from interview transcripts), use tracking numbers, and verify the recipient received the package. During site visits and interviews, recordings will be saved on a portable voice recorder. Currently these devices are not password-protected. Per Child Trends’ data security policy, if new devices are needed during the duration of the project, the team will purchase password-protected recorders. Staff are expected to move recordings from the device to the Child Trends’ secure server as soon as internet access is available. The Contractor has organization-wide data security standards that includes a procedure to account for all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive information.

Information will not be maintained in a paper or electronic system from which data are actually or directly retrieved by an individuals’ personal identifier.

### **A11. Sensitive Questions**

There are no sensitive questions in this data collection. However, we will take measures to ensure that participants are aware of their rights in the study and their ability to skip any questions they do not wish to answer.

### **A12. Estimation of Information Collection Burden**

#### ***Newly Requested Information Collections***

The chart below shows estimated burden of the information collection for screening and recruiting participants and for the semi-structured interview protocols, separating RF program staff (Program Facilitator/Program Director) and Partner Organization/Provider staff.

#### ***Total Burden Requested Under this Information Collection***

Instrument	Total/ Annual Number of Respondents	Number of Responses Per Respondent	Average Burden Hours Per Response	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
PAIVED interview and site visit screener	50	1	1	50	\$34.07	\$1,703.50
PAIVED RF Program Staff Interview Protocol	25	1	1.5	38	\$27.41	\$1,041.58
PAIVED Partner Organization Interview Protocol	15	1	1.5	23	\$34.07	\$783.61
<b>Estimated Annual Burden Total</b>				<b>111</b>		<b>\$3,528.69</b>

#### ***Total Annual Cost***

There is an estimated annualized cost to respondents of \$3,528.69. An hourly wage of \$20.75 was assumed for Program Facilitators based on the Bureau of Labor Statistics' (BLS) report on average earnings for Self-Enrichment Education Teachers, the job description that describes the work of Program Facilitators.<sup>1</sup> Program Directors' and Partner Organizations/Providers' hourly wage estimate is \$34.07 based on BLS average earnings for

<sup>1</sup> Bureau of Labor Statistics (BLS). (2018). *Occupational Employment and Wages, May 2016: 25-3021 Self-Enrichment Education Teachers*. Retrieved from: <https://www.bls.gov/oes/current/oes253021.htm>

Social and Community Service Managers.<sup>2</sup> Thus, the average cost to respondents for the RF Program Staff Interviews is \$27.41.

**A13. Cost Burden to Respondents or Record Keepers**

There are no additional costs to respondents.

**A14. Estimate of Cost to the Federal Government**

The total cost for the data collection activities under this current request will be \$93,500. Data collection is expected to take place over four months, so this is also the annual cost. This includes direct and indirect costs of information collection.

**A15. Change in Burden**

This is a new data collection.

**A16. Plan and Time Schedule for Information Collection, Tabulation and Publication**

Upon OMB approval, data will be collected over four months beginning in the fall of 2018. Data analysis of the information gathered from the semi-structured interviews with staff and site visits will be completed by winter of 2019. Two reports will be produced: one is expected in winter 2019, and another is expected in summer 2019.

Time Schedule

Timing	Activity
September 2018	OMB APPROVAL SCREENING
September – December 2018	DATA COLLECTION Site visits Interviews  DATA ANALYSIS
January – April 2019	DATA ANALYSIS  REPORT #1
June – September 2019	REPORT #2

<sup>2</sup> Bureau of Labor Statistics (BLS). (2018). *Social and Community Service Managers*. Retrieved from: <https://www.bls.gov/ooh/management/social-and-community-service-managers.htm>

**A17. Reasons Not to Display OMB Expiration Date**

All instruments will display the expiration date for OMB approval.

**A18. Exceptions to Certification for Paperwork Reduction Act Submissions**

No exceptions are necessary for this information collection.