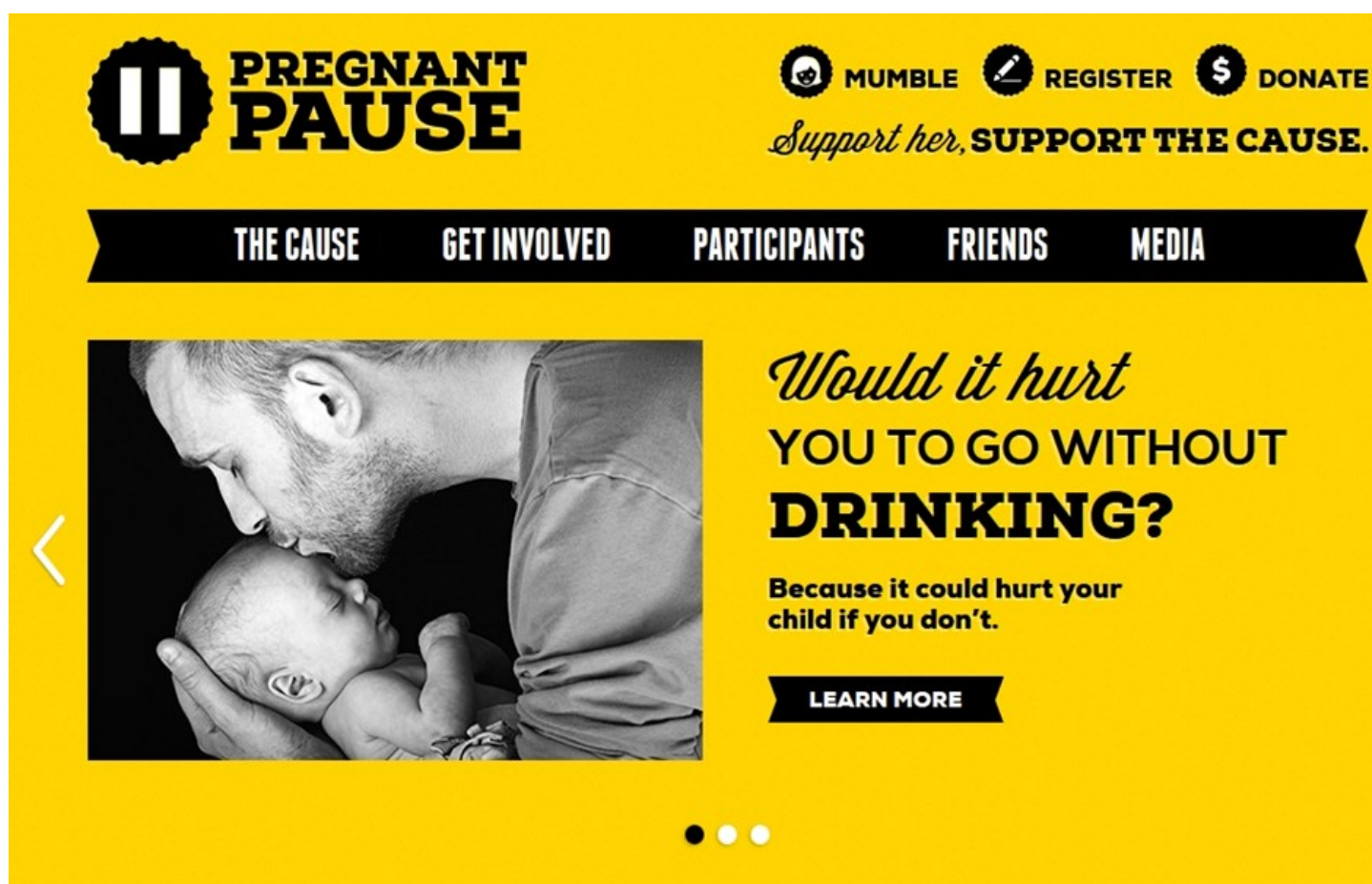


# Fatherhood Research Bulletin

Bulletin 33



**PREGNANT PAUSE**

MUMBLE REGISTER DONATE

*Support her, SUPPORT THE CAUSE.*

THE CAUSE GET INVOLVED PARTICIPANTS FRIENDS MEDIA

*Would it hurt*  
**YOU TO GO WITHOUT DRINKING?**

**Because it could hurt your child if you don't.**

**LEARN MORE**

The banner features a black and white photograph of a man kissing a baby on the forehead. Navigation icons include a left arrow, three dots, and a right arrow.





## In this issue

### ON THE WEB

- Addressing paternal alcohol consumption 3
- Fathers in USA home visiting programs 3
- Comment on: Dads get postnatal depression too 4

### POLICY

- Influencing policy and practice in Northern Ireland 5
- The Victorian Royal Commission into family violence 6
- Including fathers in child protection 7

### PROGRAMS AND FATHER INCLUSIVE PRACTICE

- Training health professionals to include fathers in Brazil 7
- Including Indigenous fathers to stop Foetal Alcohol Spectrum Disorders 8
- Kids 'n Blokes Playzone 9
- Playgroup in Melbourne detention centre 10
- Engaging culturally diverse fathers in family based programs 10

### RESEARCH

- Fathers and Alcohol 11—14
- Fathers, grief and bereavement 14—16
- Negotiating work and family obligations 17—18

### ONGOING RESEARCH

- Fathers and Alcohol 18
- Birth fathers of adopted children 19

## ON THE WEB

### Addressing paternal alcohol consumption



<http://pregnantpause.com.au>

*Pregnant Pause* is a motivational program for parents to quit alcohol during pregnancy to prevent Fetal Alcohol Spectrum Disorders. *Pledge Dads* is specifically aimed at expecting fathers to support their pregnant partners by taking the pledge of abstinence from alcohol for the duration of the pregnancy. Brothers and mates are encouraged to band together and take the pledge to improve infant outcomes. Celebrities and ambassadors have joined in to support pregnant woman to remain alcohol free.

### Fathers in USA home visiting programs

**FRB comment:** The 37th Annual Association for Public Policy Analysis and Management (APPAM) 2015 Research Conference included a panel on: "How Can We Expand Home Visiting to Engage Dads? Strategies, Enhancements, and Early Program Impacts". The links to paper abstracts and the introduction to the panel session which are reported here give an idea of ongoing research into this area.

#### Father Engagement in Home Visiting Programs: Promising Strategies, Benefits, and Challenges

**Maeve Gearing**, H. Elizabeth Peters, Heather Sandstrom and Carrie Heller, The Urban Institute

#### Engaging Fathers: Expanding the Scope of Evidence-Based Home Visiting Programs

**Anna Lipton Galbraith**, Cynthia Osborne, Jennifer Winter Craver and Ruy Manrique-Betanzos, University of Texas, Austin

#### Adapting a Co-Parenting Prevention Program to Home Visiting: Maximizing Fit, Feasibility, and Cultural Relevance

**Robert T. Ammerman**<sup>1</sup>, Angelique R. Teeters<sup>1</sup>, Mark E. Feinberg<sup>2</sup>, Kari-Lyn Sakuma<sup>3</sup> and Judith B. Van Ginkel<sup>1</sup>, (1) Cincinnati Children's Hospital Medical Center, (2) Pennsylvania State University, (3) Oregon State University

#### The Dads Matter Enhancement to Home Visiting Service: Early Trends from a Multisite Randomized Clinical Trial

**Neil B. Guterman**<sup>1</sup>, Jennifer L. Bellamy<sup>2</sup>, Aaron Banman<sup>1</sup> and Sandra Morales-Mirque<sup>1</sup>, (1) University of Chicago, (2) University of Denver

As one of the Obama administration's signature evidence-based initiatives, the 1.5 billion dollar initial investment in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has brought a great deal of attention to home visiting and its potential for improving child health and developmental outcomes. Home visiting utilizes trained professionals to provide individually tailored information, resources, and support to expectant parents and families with young children. Historically, many home visiting programs have primarily served women and children.

*Continues next page*

However, the MIECHV legislation recognizes the role of fathers by defining an eligible family as: 1) a woman who is pregnant and the father of the child, if the father is available or 2) other caregivers of a child (e.g., grandparents). In recent years, partly spurred by the inclusion of fathers in the MIECHV language, there has been an ongoing discourse on the potential for engaging fathers through home visiting.

The argument for including fathers in home visiting is strengthened by evidence suggesting that fathers make important and often unique contributions to their children's healthy development (Cabrera et al., 2001; Osborne et al., 2014). However, much of this evidence comes from basic research and there is little systematic information about programs and services for fathers and whether and how the programs lead to improvements in child and parent outcomes. Further, programs that target fathers, such as responsible fatherhood or employment programs, often struggle to engage participants (Martinson and Nightingale, 2008). Home visiting is a promising service delivery vehicle for meeting fathers' needs and promoting their continued engagement. The papers in this symposium are at the forefront of research on the strategies and approaches home visiting programs use to engage diverse fathers, the variety of ways fathers participate and their perceptions of the programs, and the potential impact of father-specific home visiting program enhancements. Paper 1 highlights qualitative learnings from several home visiting programs across the nation regarding strategies programs use to engage fathers from the perspective of program staff and participating fathers and mothers. Paper 2 takes a longitudinal look at the multiple ways fathers are participating in 23 MIECHV-funded home visiting programs in a large southwestern state. Paper 3 describes the adaptation of an existing evidence-based co-parenting intervention so that it can be delivered in a home visiting setting; the program is currently the subject of a clinical trial. Finally, Paper 4 presents new findings from a multisite randomized trial testing the efficacy of a home visiting enhancement, "Dads Matter," designed to provide fathers with important parenting knowledge and skills. The discussant brings a federal perspective and expertise in a number of areas relevant to fathers, including employment and parenting demonstrations, criminal justice populations, and child support policy. Together, these papers provide a continuum of evidence, from in-depth, descriptive analyses to randomized trials, that illustrates important considerations for engaging fathers in home visiting. This work is a critical step in developing the evidence base, particularly if we hope to continue to scale-up home visiting programs that touch the whole family.

Conference panel website: <https://appam.confex.com/appam/2015/webprogram/Session6005.html>

## Comment on: Dads get postnatal depression too

It will come as no surprise that some new fathers will be anxious or highly stressed. However, most people believe only new mums suffer postnatal depression. This is not the case.

The rate of depression for dads is less than that for mums but our best estimate is that about one in ten dads will be affected. If there is a birth somewhere in Australia every 1 minute 46 seconds, then every day about 80 dads are being added to the depressed category.

The silence from government is puzzling, as paternal depression is expensive. Figures from 2012 show that health-care costs for new fathers' depression totalled A\$17.97 million and the economy lost A\$223.75 million in productivity.....

Continue reading at: <http://theconversation.com/dads-get-postnatal-depression-too-55829>



## POLICY

### Influencing policy and practice in Northern Ireland

**FRB comment:** The briefing paper was commissioned by Dads Direct, comprised of representatives from Child Contact Centres, Family Mediation NI, Home-Start, Men's Health Forum in Ireland, Parenting NI, Relate NI, and Sure Starts. An edited executive summary is produced here:

#### Executive Summary

The focus of this briefing paper is fathers in Northern Ireland. The purpose of it is to influence policy and practice so that fathers will be viewed as equally important to mothers in their parenting role, and family support services will become more inclusive of fathers and seek to meet their specific needs. This paper collates clear evidence which indicates how fathers have a positive impact on the outcomes of children and young people.

The paper discusses current policies and available data in relation to fathers in Northern Ireland. It describes the large body of evidence which demonstrates the

beneficial outcomes for children who have actively engaged fathers, and it advocates that it is now time to move beyond 'father-proving' (i.e. focusing upon why we should work with dads) to 'father-proofing' (i.e. systematically changing how dads are supported by services).

The key messages from the Briefing Paper are:

- Dads play a significant role in improving outcomes for children.
- The culture of our society needs to embrace fathers' roles as vitally important.
- Policies need to explicitly name and include fathers.
- Service provision has to be inclusive of fathers, and to be based upon evidence and models of what works.
- There is a need for more primary research as well as the collation of existing data on fathers in Northern Ireland.

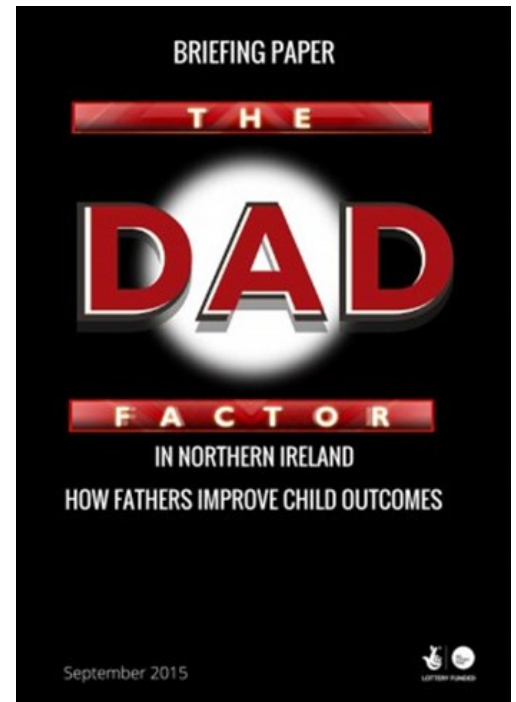
These messages are reflected in the recommendations which explore: how to change practice; the need for a regional approach with strategies developed within services; the necessity for minimising parental conflict and promoting co-parenting.

These recommendations are summarised under four headings:

- Think Family: Think Mum and Dad
- Father-Proof Services
- Support Fathers' Well-Being
- Encourage Co-Parenting as the norm

Alongside promoting the importance of dads, there needs to be a drive towards gathering relevant Northern Ireland data on fathers as, currently, the focus is often upon collecting data only on mothers. Better data is the foundation stone for informing the design and adaption of services.

Contact: <http://www.cypsp.org/the-dad-factor-in-northern-ireland-how-to-improve-child-outcomes/>





## The Victorian Royal Commission into Family Violence

### Summary and recommendations

Family violence can cause terrible physical and psychological harm, particularly to women and children. It destroys families and undermines communities. Sometimes children who have directly experienced family violence or have been exposed to it go on to become victims or perpetrators of violence later in life, so that the effect of family violence is passed to the next generation.

Recognition of the harm family violence causes, and of the need to invest in family violence reforms to assure the future wellbeing and prosperity of all Victorians, resulted in the establishment of this Royal Commission into Family Violence on 22 February 2015. In announcing the Victorian Government's intention to establish the Royal Commission, the Premier declared that family violence was 'the most urgent law and order emergency occurring in our state and the most unspeakable crime unfolding across our nation'. The Premier also acknowledged that 'more of the same policies will only mean more of the same tragedies'.

The Commission was established in the wake of a series of family violence-related deaths in Victoria—most notably the death of 11-year-old Luke Batty, who was killed by his father on 12 February 2014 after years of abusive behaviour directed at Luke's mother, Ms Rosie Batty. Since then there have been other family violence-related deaths.

The establishment of the Royal Commission is an acknowledgement of the seriousness with which the Victorian community has come to regard family violence and its consequences for individuals and families—it reflects our growing awareness of its scale, a recognition that existing policy responses have been insufficient to reduce the prevalence and severity of the violence, and the priority the community is prepared to accord it in order to address the problem.

**The Royal Commission made 227 recommendations. One recommendation mentioned fathers.**

#### Recommendation 87

The Victorian Government, subject to advice from the recommended expert advisory committee and relevant ANROWS (Australia's National Organisation for Women's Safety) research, trial and evaluate interventions for perpetrators [within three years] that:

- provide individual case management where required
- deliver programs to perpetrators from diverse communities and to those with complex needs
- focus on helping perpetrators understand the effects of violence on their children and to become better fathers
- adopt practice models that build coordinated interventions, including cross-sector workforce development between the men's behaviour change, mental health, drug and alcohol and forensic sectors.

Further information: State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16). <http://www.rcfv.com.au/>

## Including fathers in child protection - Queensland's child protection and family support reforms

The Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, the Honourable Shannon Fentiman MP, has released *Supporting Families Changing Futures: Advancing Queensland's child protection and family support reforms*.

The report made particular mention of engaging with fathers. Listing one of the five key achievements of Queensland's child protection reforms as :

Undertook Engaging Fathers initiatives with government and non-government partners, including a number of forums statewide, to strengthen practice in family engagement  
p14

Fathers were also singled out as one of the four key priorities for the next two years:

Continue to strengthen the practice skills of child protection workers to better engage with vulnerable children, young people and families, including fathers, through initiatives such as Engaging Fathers and using strengths-based, safety-oriented practice tools.

P15

For further information go to: <https://www.communities.qld.gov.au/gateway/supporting-families>

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### Training health professionals to include fathers in Brazil

Brazil's "Community of Practice" platform, in partnership with Promundo and with the Ministry of Health's National Coordinating Body on Men's Health, launched the online course "Engaging Men: Health, Parenting, and Care" in November 2015. The course, which aims to explore issues related to fatherhood with a focus on healthcare, has reached more than 700 participants to date. The Community of Practice is a virtual space that facilitates knowledge exchange and capacity building for professionals from Brazil's primary care health system.

The objectives of the course are to prevent violence against women and to promote both maternal and newborn health and men's own health outcomes by engaging male partners in pregnancy, birth, and childcare. The free, 60-hour course is open to the general public, with a specific focus on reaching health professionals. (Participants can sign up for the course after creating an account on the Community of Practice website.)

The project aims to reach 5,000 professionals from Brazil's primary care health system. To do so, in 2016 the Ministry of Health's National Coordinating Body on Men's Health will work with state health units throughout Brazil to promote the course with its professionals. The aim is to improve primary healthcare services, promote safe and friendly spaces for men to participate in and support maternal and newborn health, and bring men into the health system to better care for their own health.

<http://promundoglobal.org/2016/04/18/online-course-trains-health-professionals-involve-men-fatherhood-maternal-newborn-health/>



## Including Indigenous fathers to stop Foetal Alcohol Spectrum Disorders

**FRB comment:** Although fewer Indigenous women drink than non-Indigenous women, rates of Foetal alcohol spectrum disorders (FASD) have been reported as 0.15 to 4.70 per 1000 births for the Indigenous population <http://www.aodknowledgecentre.net.au/print/3970>. The account below describes an initiative to include fathers (men) in the prevention of FASD in the Northern Territory.

### Half the Picture, Half the Solution: Men and FASD in Indigenous communities

**The Scene:** Barkly, NT 2011: the second largest local government area in the world, containing dozens of communities, and diverse cultural/language groups.

**The Mission:** To create and establish a project to build awareness of Foetal Alcohol Spectrum Disorder, to prevent and reduce presumed high rates of the disorder.

**The Challenges:** Being an old white woman in a part of the world where the majority of the population was young and Indigenous; a long history of oppression and disempowerment; arriving post-Intervention, when powerlessness, despair and cynicism predominated, permeating every moment of every day for every member of every community; stigma around alcohol issues; and the negative “blame factor” inherent with FASD.

**The Story:** Going into the project, I thought I would be working mainly with pregnant women, and young women/girls on a prevention level, and I was right. Initially. Naively, I thought it would be that straightforward. But what became glaringly obvious, even in the first few weeks of the project, was that without an holistic approach to the issue, women were going to be burdened with all the blame and shame for yet another issue, and nothing was ever going to change.

At the same time, I became aware that ignorance of FASD was present at all levels and in all contexts: eg the (male) health professional whose reaction on meeting me for the first time was “What do we need this for? There are only two children with FASD in the whole of Barkly!” (For those who do not know, Australia has no standardised diagnostic tool for practitioners to use, thus FASD diagnoses are rare, and were like hen’s teeth in the 2011 remote outback! ).

In identifying my key target groups it was not hard to see how generations of alcohol, poverty and systematic disempowerment had broken down many of the traditionally-strong relationships and connections within communities. The isolation and despair of men in some communities was palpable, it was both fuelled by, and medicated with, alcohol. Women frequently stated that their partners pressured them to drink grog, with the threat that their husbands would find other company if they did not.

**Epiphany:** Despite the perception that FASD, and anything else to do with procreation, was “women’s business”, men of all ages were pivotal in ensuring that the awareness and changes were actually embedded in families, communities and cultures into the future. Strong men were needed to support women and families; strong men were the co-creators and custodians of each community’s future.

**The End:** I didn’t have all the answers, and I was not able to continue beyond some first steps before funding for the project ended. The main outcome was a community-generated conversation about FASD, culminating in a community forum in October, 2013, sparked by the premiere of “Barkly Fights FASD” (a community-driven and created FASD resource, on Youtube and continuing to air on Imparja TV). Men, women and children, Indigenous and non-Indigenous, poured into the Tennant Creek Civic Centre in unexpected numbers, some travelling over 100km in 40C, to talk and be heard.

It was a start.

View Barkly Fights FASD <https://www.youtube.com/watch?v=IYgSl4Gkplw>

Contact Adele Gibson [amgibson@bigpond.com](mailto:amgibson@bigpond.com)



## Kids 'n Blokes Playzone



This is a lively program for primary school children and their fathers (or other significant man in their life). It started out as '*Kids and Dads Play sessions*' and was developed at Fairfield School as Community Centre following discussions with Richard Fletcher.

Playzone runs for 2 and 1/2 hours in the early evening. Up to 25 children and their fathers or male buddy come along to the school hall for an hour's play led by a play facilitator, a fairly brief community dinner and a separate, facilitated meeting for the fathers and other blokes.

The program is supported by community workers who help out on the night. It is not a parenting program but enables significant thoughtful sharing and learning among the men.

The outcomes sought are to build closer connections between the men present, to have the men reflect on the benefits of the focussed play time with 'their' child and provide a safe environment for men to reflect on these important relationships with children.

The children invite their 'bloke' during a classroom meeting where they learn about the program and help prepare invitations to take home.

This program has been run now in around twelve schools mostly in Western Sydney. It works well in culturally diverse communities and vulnerable communities.

Underpinning ideas that facilitate getting families along and participating include:

- Children's anticipation of a night of play with their father or buddy encourages men to attend.
- Playing together with other dads and their children in a supported setting breaks down the isolation of parenting.
- Playing together demonstrates some of the benefits of engaged play for connecting with children and supporting their resilience.

The meeting with the men as the third part of the evening works in having men talk more deeply than is normally the case for men in our society. Many men have expressed surprise and appreciation at this.

For more information on the program please contact Sandy Wilder: [southernsandpiper@gmail.com](mailto:southernsandpiper@gmail.com)

## Playgroup in Melbourne Detention Centre

*The only thing that keeps me going is my children and hope for my children.*

(Father of two children aged 11 and 7 years, Melbourne Detention Centre, 7 May, 2014)

In 2014 the Australian Human Rights Commission's 'National Inquiry into Children in Immigration Detention' reported that psychiatric assessments of families held in immigration detention for more than two years revealed that 'adults displayed a threefold and children a tenfold increase in psychiatric disorder subsequent to detention' and that 'the majority of adults and children had more than one psychiatric disorder'.

Early in 2014 I visited an immigration detention centre to see for myself how babies and parents were managing. I was shocked to see the level of depression in many mothers and found that the fathers had taken on much of the day-to-day care of both the babies and the mothers. The fathers' pride was clearly evident as they showed off their beautiful babies but they also appeared stressed and anxious, expressing guilt that their families were in this situation.

I obtained permission from the Department of Immigration and Border Protection to offer a baby playgroup with some colleagues from the Australian Association for Infant Mental Health. The company managing the facility conducted rigorous security screening initially and repeatedly, and we were not permitted to go beyond the visitors' centre or to contact the parents directly. Every Monday morning we decorated one corner of an enormous room with coloured fabric, ribbons, flowers, and simple toys. A guard presided in the opposite corner. We had no way of knowing who or how many would attend. A feeling of uncertainty pervaded everything; with time, we came to understand and feel how debilitating that could be.

Maternal postnatal depression is common and fathers often find themselves in the role of primary carer. Over time, it became increasingly difficult for babies and their depressed mothers to play together, it was the fathers, often depressed themselves, who showed their commitment to their babies by bringing them to play. However, eventually, feeling unable to leave their dangerously depressed wives alone, the fathers had to face the sad fact that baby play, and a safe space for it, was no longer possible. I wondered "What must this feel like for men who believed that, in seeking asylum, they were making the right decision for their families?"

The Australian Association for Infant Mental Health's position paper, 'Infants in Immigration Detention' can be viewed here: [http://www.aaimhi.org/inewsfiles/AAIMHI\\_Position\\_paper\\_5\\_-\\_Infants\\_in\\_immigration\\_detention.pdf](http://www.aaimhi.org/inewsfiles/AAIMHI_Position_paper_5_-_Infants_in_immigration_detention.pdf)

Contact: Dr Christine Hill [hillnewton@iinet.net.au](mailto:hillnewton@iinet.net.au)

## Engaging culturally diverse fathers in family based programs

Blacktown RSL, Blacktown NSW - Thursday, 23rd June 2016 from 9.30am to 4.30pm.

This workshop allows workers, organisations or networks of services to provide more effective programs to culturally diverse men and families. The workshop explores the importance of the fathers' role in family services and how programs can engage and support this opportunity.

The workshop focuses on:

- understanding what culturally diverse men might want when accessing community services
- using strengths based approaches when working with culturally diverse men who are refugees
- engaging men's in child protection and family based programs
- exploring skills used to work with men in a non-threatening way and modelling effective, respectful and inclusive communication when working with men
- working with fathers to increase their engagement in their children's lives
- engaging culturally diverse fathers using the father inclusive practice and the generative framework
- effective ways for female workers to work with fathers.

*Continues next page*

Facilitators: Mohamed Dukuly and Andrew King

Mohamed Dukuly works for the NSW Services for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). He is a Social Worker, trainer and facilitator with several years of group work experience with families and individuals from CALD background. He holds a Master Degree in Social Work, Bachelor in Education and post graduate qualifications in Social Science and Family Mediation.

Andrew King is a consultant trainer and program developer in group work, working with men and strengths based practice. He is a specialist trainer in group work and trains professionals throughout Australia in 'working with men'. He is also an experienced practitioner and has published a range of professional articles who has worked in adolescent drug and alcohol and young people with a mental illness programs and coordinated a large fathers' centre. Andrew's work career has involved working with teenagers who have drug and alcohol problems, young people with a mental

## RESEARCH

### Fathers and alcohol

**FRB comment:** recent literature supports the importance of better understanding ways to reduce alcohol harms in fathers as well as intergenerational genetic risks and harms of heavy drinking. **McBride and Johnson** *Fathers' Role in Alcohol-Exposed Pregnancies: Systematic Review* explores the role of fathers' alcohol consumption has on their infants. They found evidence across 11 studies that fathers who drink alcohol before conception and during pregnancy can have a negative on both their female partners and babies outcomes and recommend health policy development in this area to reduce risks of fetal alcohol spectrum disorder and other health problems. **Hanson and Jensen** evaluated an alcohol preconception and pregnancy prevention program using qualitative methods in North American Indigenous women and reported that key issues include the role of families, community and culture in reducing risky alcohol use in Sioux American Indian Nations. **Jones and colleagues** examined parental reasons for supplying alcohol to adolescents in gender matched scenarios for mothers and fathers. They found that willingness to supply alcohol was negatively associated with educating their child about boundaries and ensuring their child was safe. **Bernardi and Bowen** explored links between anger, alcohol use, domestic violence in a group of male Scottish prisoners and found strong links to being exposed to violence from their own fathers. In a male twin study of genetic influences of alcohol and other drug dependence **Grant and colleagues** found parental alcohol was associated with a more rapid rate of offspring developing alcohol dependence.

### Fathers' Role in Alcohol-Exposed Pregnancies: Systematic Review of Human Studies

Context: The role of paternal alcohol consumption on fetal and infant health outcomes, and on social facilitation of maternal alcohol consumption during pregnancy, has not been well established.

This review identifies the range of impacts of paternal preconception alcohol consumption and alcohol consumption during partner's pregnancy, on maternal consumption, and fetal and infant health outcomes.

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**Evidence acquisition:** The review accessed articles from the following databases: Scopus, Science Direct, Wiley Online, MEDLINE, ProQuest Central, PsycINFO, and Web of Science. The review included medium- and large-scale studies that provided separate paternal alcohol results, had a non-respondent rate  $\leq 20\%$ , an attrition rate  $\leq 10\%$  per year of data collection up to 30%, and were published between 1990 and 2014. The review included both randomly and non-randomly selected studies, and both case-control and non-case-control studies with notation on risk of bias.

**Evidence synthesis:** Independent extraction and assessment of articles by two authors was conducted using pre-defined data fields, including study quality indicators, during 2015. Studies included in the review (11 studies, N=41,062) provide evidence that paternal alcohol consumption during preconception or during pregnancy has an impact on maternal health and alcohol consumption during pregnancy, fetal outcomes, and infant health outcomes.

**Conclusions:** Attention to paternal preconception health care related to alcohol consumption is an important future focus in policies dealing with reproductive, prenatal, fetal, and infant health.

McBride, N., & Johnson, S. (2016). Fathers' Role in Alcohol-Exposed Pregnancies: Systematic Review of Human Studies. *American Journal of Preventive Medicine*.

## **Importance of social support in preventing alcohol-exposed pregnancies with American Indian communities**

Recent research concludes that prevention of alcohol-exposed pregnancies (AEP) must occur with preconceptional women, either by reducing alcohol consumption in women at-risk or planning pregnancy or preventing pregnancy in women drinking at risky levels. One AEP prevention program currently underway with non-pregnant American Indian women is the Oglala Sioux Tribe (OST) Changing High-risk alcohol use and Increasing Contraception Effectiveness Study (CHOICES) Program. The OST CHOICES Program shows promise in lowering the AEP risk in American Indian women, and it is a natural next step to evaluate the potential impact that social support can have on further encouraging behavioral changes. Focus groups with community members and key informant interviews with health and social service professionals were completed. To uncover and interpret interrelated themes, a conventional content analysis methodology was used. Eight focus groups were held with 58 American Indian participants, including adult women of child-bearing age, elder women, and adult men. Key informant interviews were completed with 25 health and social service professionals. Based on input from the focus groups and key informant interviews, several subthemes regarding social support in the prevention of AEP stood out, including the role of family (especially elders), the impact community can have, and the important function of culture. In this study, we highlighted the important influence that social support can have on AEP prevention, especially among the American Indian population, where social support has cultural and historical significance.

Hanson, J. D., & Jensen, J. (2015). Importance of social support in preventing alcohol-exposed pregnancies with American Indian communities. *Journal of community health*, 40(1), 138-146.

## **‘I think other parents might....’: Using a projective technique to explore parental supply of alcohol**

**Introduction and Aims:** A growing body of research indicates parental supply of alcohol to children and adolescents is common. The present study aimed to examine parents’ reasons for supplying alcohol to adolescents that they may find hard to articulate or not be consciously aware of. **Design and Methods:** A projective methodology was used, whereby respondents were asked to explain the thoughts and motivations of a gender-matched parent in a scenario in which the parent did or did not provide alcohol to their teenage child. Respondents were 97 mothers and 83 fathers of teenagers who completed an anonymous online survey. Open-ended responses were coded thematically; t-tests were used to compare quantitative responses between the scenarios. **Results:** The quantitative analysis found the parent who provided alcohol was less likely to be seen as making sure their child was safe and educating them about boundaries, but more likely to be seen as being a friend as well as a parent and (for females only) making sure their child fits in with others. The open-ended responses showed explanations for not providing alcohol most commonly focused on ensuring the child’s safety, obeying the law, and setting rules and boundaries, and for providing alcohol focused on ensuring the child fit in with peers and beliefs about harm minimisation. **Discussion and Conclusions:** The findings suggest that these respondents (parents) harboured a number of misperceptions about underage drinking and experienced conflicts in weighing up the perceived benefits of providing alcohol to their children against the risks of adolescent drinking.

Jones, S. C., Magee, C., & Andrews, K. (2015). ‘I think other parents might....’: Using a projective technique to explore parental supply of alcohol. *Drug and alcohol review*, 34(5), 531-539.

## **Parental separation and offspring alcohol involvement: Findings from offspring of alcoholic and drug dependent twin fathers**

**Background:** We examined associations between parental separation during childhood and offspring alcohol involvement, adjusting for genetic and environmental risks specific to parental alcohol (AD) and cannabis/other illicit drug dependence (DD).

**Methods:** The sample consisted of 1,828 offspring of male twins from the Vietnam Era Twin (VET) Registry, who completed a telephone diagnostic interview. Cox proportional hazards regression analyses were conducted predicting onset of first use, transition from first use to first AD symptom, and transition from first use to AD diagnosis from paternal and avuncular AD and DD history, parental separation, and offspring and family background characteristics. Paternal/avuncular DD/AD was based on the DSM-III-R; offspring and maternal AD were based on DSM-IV criteria.

**Results:** Paternal DD/AD predicted increased offspring risk for all transitions, with genetic effects suggested on rate of transitioning to AD diagnosis. Parental separation was predictive of increased risk for early alcohol use, but a reduced rate of transition to both AD symptom onset and onset of AD. No interactions between separation and familial risk (indexed by paternal or avuncular DD/AD) were found.

**Conclusions:** Findings highlight the contribution of both parental separation and paternal substance dependence in predicting timing of offspring alcohol initiation and problems across adolescence into early adulthood.

Grant, J. D., Waldron, M., Sartor, C. E., Scherrer, J. F., Duncan, A. E., McCutcheon, V. V., ... & Bucholz, K. K. (2015). Parental Separation and Offspring Alcohol Involvement: Findings from Offspring of Alcoholic and Drug Dependent Twin Fathers. *Alcoholism: Clinical and Experimental Research*, 39(7), 1166-1173.



## Brief report associations between self-reported paternal relationships, anger, alcohol, and intimate partner violence in a prison sample

This study investigates the association between family relationships, anger, alcohol use, and self-reported intimate partner violence (IPV). Participants were 55 male prisoners who completed a survey about their family relationships, anger, alcohol use, and aggression. Exposure to parental IPV predicted rates of self-reported perpetration of IPV, suggesting the importance of understanding more about the developmental pathways to IPV if effective prevention, intervention, and assessment strategies are to be developed for use with this high-risk population.

Bernardi, J., Day, A., & Bowen, E. (2015). Brief Report Associations Between Self-Reported Paternal Relationships, Anger, Alcohol, and Intimate Partner Violence in a Prison Sample. *International journal of offender therapy and comparative criminology*, 0306624X15609558.

## Fathers, grief and bereavement

**FRB Comment:** The experience and support needs of fathers following the death of a child or co-parent are under-represented in the research. **Proulx's article, Fathers' Experience After the Death of Their Child (Aged 1–17 Years)** found that bereaved fathers need to 'push forward' in order to avoid breakdown; keep the child present in their everyday life; and find meaning in their experience of grief. Fathers in this study acknowledged how critical it was for their partner in a couple to respect their differences, highlighting the need for clinicians to engage in therapeutic conversations with parents regarding these dissimilarities and to encourage parents to access these conversations together rather than apart. **Davies' article** highlights the value of gender specific groups for bereaved fathers where they are able to share intimate details with other 'dad's' they wouldn't normally share with family members or friends. Fathers described their grief as being different than that of their partner and the risk of 'stepping on a landmine' if raising personal thoughts at home. Group membership with other bereaved fathers provided a non-judgmental atmosphere and sense of camaraderie. **Wilcox's article** is the first study exploring work related outcomes for bereaved parents and found offspring death had a significant impact on work related outcomes in bereaved parents. Fathers in particular were at increased risk for psychiatric sickness absence and somatic sickness absence. **Park and colleagues** found that poorer end of life experiences for ill mothers, such as worry and unresolved life tasks, increased depression scores in widowed fathers with dependent children. They highlighted the importance of identifying EOL variables that influence fathers' depression symptoms, which may consequently impact their well-being and parenting style with parentally bereaved children. These studies confirm the gender specific nature of grief for bereaved fathers and the associated need to target support services to these distinct needs.

## **Fathers' Experience After the Death of Their Child (Aged 1–17 Years)**

The death of a child is traumatic for parents. The grief of bereaved fathers is inadequately understood since most studies on this subject have focused primarily on mothers. The goal of this phenomenological study was to understand fathers' experiences following the death of their child. Interviews were conducted with 13 fathers whose child (aged 1–17 years) had died at least 1 and up to 6 years earlier, either from a life-limiting illness or unexpectedly in an intensive care unit in a pediatric hospital in Eastern Canada. The analysis indicates that fathers' experience deep suffering after the death of their child and feel torn between the past and the future. Three major themes were identified: needing to push forward in order to avoid breakdown, keeping the child present in everyday life, and finding meaning in their experience of grief. Clinical implications for professionals working with this population are discussed.

Proulx, M. C., Martinez, A. M., Carnevale, F., & Legault, A. (2015). Fathers' Experience After the Death of Their Child (Aged 1–17 Years). *OMEGA-Journal of Death and Dying*, 0030222815590715.

## **'It's like being a member of a club I didn't want to join': Reflections on a support group for bereaved dads**

We know very little about dads' experiences of grief, and still less about the efficacy and impact of groups specifically set up to support them. This article is one attempt to address these gaps in knowledge and understanding, through consideration of a dads' group at Helen & Douglas House hospice. Lengthy extracts from a facilitated group discussion in which members of the group reflect on its meaning and value are included. Context is also offered on the group itself, as are initial thoughts on significance and wider applicability. Through this article, we offer a different perspective on dads' grief and on groups for bereaved dads. The dads themselves powerfully articulate the extreme nature of their losses, explaining 'nothing can solve the problem.' On the other hand, they also stress that, within this context, the tiny improvements they feel and experience make coming to the group worthwhile and important.

Davies, K., Whitworth, T., & Murray, M. (2015). 'It's like being a member of a club I didn't want to join': Reflections on a support group for bereaved dads. *Bereavement Care*, 34(3), 92-98.

## **Functional impairment due to bereavement after the death of adolescent or young adult offspring in a national population study of 1,051,515 parents**

Purpose: This study addresses the burden of grief after the death of an adolescent or young adult offspring. Parental bereavement following the death of an adolescent or young adult offspring is associated with considerable psychiatric and somatic impairment. Our aim is to fill a research gap by examining offspring death due to suicide, accidents, or natural causes in relation to risk of parental sickness absence with psychiatric or somatic disorders.

**Methods:** This whole population-based prospective study included mothers and fathers of all offspring aged 16–24 years in Sweden on December 31, 2004 (n = 1,051,515). This study had no loss to follow-up and exposure, confounders, and the outcome were recorded independently of each other. Cox survival analysis was used to model time to sickness absence exceeding 30 days, adjusting for parental demographic characteristics, previous parental sickness absence and disability pension, and inpatient and outpatient psychiatric and somatic health care prior to offspring death in 2001–2004. This large study population provided satisfactory statistical power for stratification by parents' sex and adolescent and young adults' cause of death.

**Results:** Mothers and fathers of offspring suicide and accident decedents both had over tenfold higher risk for psychiatric sickness absence exceeding 30 days as compared to parents of live offspring. Fathers of suicide decedents were at 40 % higher risk for somatic sickness absence.

**Conclusions:** This is the largest study to date of parents who survived their offspring's death and the first study of work-related outcomes in bereaved parents. This study uses a broad metric of work-related functional impairment, sickness absence, for capturing the burden of sudden offspring death.

Wilcox, H. C., Mittendorfer-Rutz, E., Kjeldgård, L., Alexanderson, K., & Runeson, B. (2015). Functional impairment due to bereavement after the death of adolescent or young adult offspring in a national population study of 1,051,515 parents. *Social Psychiatry and Psychiatric Epidemiology*, 50(8), 1249-1256.

## **End-of-life experiences of mothers with advanced cancer: perspectives of widowed fathers**

**Objective:** Despite the importance of parenting related responsibilities for adult patients with terminal illnesses who have dependent children, little is known about the psychological concerns of dying parents and their families at the end of life (EOL). The aim of this study was to elicit widowed fathers' perspectives on how parental status may have influenced the EOL experiences of mothers with advanced cancer.

**Subjects:** 344 men identified themselves through an open-access educational website as widowed fathers who had lost a spouse to cancer and were raising dependent children.

**Methods:** Participants completed a web-based survey about their wife's EOL experience and cancer history, and their own depression (Center for Epidemiologic Studies Depression Scale, CES-D) and bereavement (Texas Revised Inventory of Grief, TRIG) symptoms. Descriptive statistics, Fisher's exact tests, and linear regression modelling were used to evaluate relationships between variables.

**Results:** According to fathers, 38% of mothers had not said goodbye to their children before death and 26% were not at all 'at peace with dying.' Ninety per cent of widowed fathers reported that their spouse was worried about the strain on their children at the EOL. Fathers who reported clearer prognostic communication between wife and physician had lower CES-D and TRIG scores.

**Conclusions:** To improve EOL care for seriously ill patients and their families, we must understand the concerns of parents with dependent children. These data underscore the importance of parenting-related worries in this population and the need for additional clinical and research programmes devoted to addressing these issues.

Park, E. M., Deal, A. M., Yopp, J. M., Edwards, T. P., Wilson, D. J., Hanson, L. C., & Rosenstein, D. L. (2015). End-of-life experiences of mothers with advanced cancer: perspectives of widowed fathers. *BMJ supportive & palliative care*, bmjspcare-2015.

## Negotiating work and family obligations

**FRB comment:** Media comment on fathers' involvement in the care of their infants and children is usually focused on government policy (paternity leave) or individual fathers' decisions to take time away from work to be involved. The recent coverage of Mark Zuckerberg is a good example <http://time.com/4123291/mark-zuckerberg-facebook-paternity-leave/>. The papers reported here include the organizational context for fathers' caring decisions. **Humberd and colleagues** wanted to investigate the tensions for US fathers of young children whose partners were also working. Their teasing apart of the cultural aspects of workplaces and fathers' negotiation of social ideas about fathering gives a richer picture of the challenge faced by men as they develop their fathering identities. In Sweden, lauded as a successful state in regard to family-friendly policy and practice, **Hass and Hwang** find that there is little political pressure, social pressure or functional pressure (from fathers at work) on companies to encourage fathers' use of reduced work hours. They report on a large survey of Swedish companies evaluating their support for fathers to take leave for family reasons. They found an important predictor of how many fathers took reduced hours was managers answer to the question "To what degree does your company agree with the following idea. . . . Mothers and fathers ought to contribute about equal time to child care." The large Swedish companies surveyed reported only slight support for equal parenthood.

### The "new" dad: Navigating fathering identity within organizational contexts

**Purpose:** This study takes an identity lens to explore how men experience fatherhood in the context of their work amid shifting ideologies of fathering.

**Methodological Approach:** This study uses a qualitative, inductive approach with an interview methodology.

**Findings:** This study finds that men hold multiple images within their fathering identities that reflect a range of meanings spanning from traditional to more involved fathering. Norms and expectations from participants work and home lives invoke these various images of fathering, which create potential tensions in how men see themselves as fathers. While some participants navigate the multiplicity by defending traditional meanings of fathering, most fathers maintained the multiplicity by embracing the synergy or accepting the ambivalence among the images.

**Implications:** As fathers take on more caregiving and other family responsibilities, workplace norms may inhibit the development of a father's identity, as this study suggests. Fathers respond to potential tensions in ways that do little to alter images of them as "organization men," and the primary support they receive is through ad hoc and stealth methods. Further, fathers feel constrained in discussing the stress of managing fathering at work. This study emphasizes that organizations and managers must better recognize and appreciate fatherhood as a more serious and time-consuming role than it has been seen to be in the past.

**Originality/Value:** While more attention is being paid to the work-family experiences of men, few studies have considered in-depth how the organizational context shapes the identity dynamics fathers experience. This study offers a more nuanced consideration of the complexities associated with taking on a new identity that has multiple meanings, as a result of different contextual factors and shifting ideologies, and offers important insights into the power of the workplace to shape the content and meanings of individual's non-work identities.

Humberd, B., Ladge, J. J., & Harrington, B. (2015). The "new" dad: Navigating fathering identity within organizational contexts. *Journal of Business and Psychology*, 30(2), 249-266.

## “It's About Time!": Company Support for Fathers' Entitlement to Reduced Work Hours in Sweden

Fifteen nations offer fathers the right to reduce work hours to care for children. Incorporating a gender perspective, this study uses a mixed-methods approach to examine the implementation of this policy in the first nation to offer it, Sweden. It investigates whether the institutional and cultural environment exerts pressure on companies to facilitate fathers' hours reduction, companies' levels of support for fathers' use of this entitlement and correlates of company support. The persistence of the “male model of work” appears to be an important barrier to implementation of a policy that offers promise in offering fathers time to care.

Haas, L., & Hwang, C. P. (2015). “It's About Time!": Company Support for Fathers' Entitlement to Reduced Work Hours in Sweden. *Social Politics: International Studies in Gender, State & Society*, jxv033.

## ONGOING RESEARCH

### Fathers and alcohol

**Nyanda McBride** PhD is Senior Research Fellow and Team Leader, Director of Research Training at the National Drug Research Institute at Curtin University. She describes her developing interest in researching fathers.

There are several factors that initiated my interest in research on father's involvement in alcohol exposed pregnancies. The first two factors, the Australian Alcohol Guidelines, and 'Mothers Guilt', stem from the overt focus on women, and the inherent assumption that women are solely responsible for alcohol exposed pregnancies. This rhetoric takes women out of the society in which they live, and isolates men, as women's live in partners and biological fathers, from the equation. This stance seems to be supported by the Australian Alcohol Guidelines for pregnant women which in their current form state that not drinking is the safest option for the fetus (but in the fine print comment that drinking one or two drinks per week is low risk). Prior to 2009, the guidelines stated that it was safe for pregnant women to drink 6 drinks per week or two drinks per day. So even at a national policy level the history of messages in this field have been mixed, focused only on women, and do not take into account the social determinates that support alcohol consumption during pregnancy. The second issue, Mothers Guilt' is based on my attendance at an International FASD Conference session with birth mothers of children with FASD. The extreme emotional trauma and level of guilt from this panel of mothers who were discussing their background in drinking, showed that this was an issue that was beyond their individual control. My conclusion was that it required whole community involvement (every one of us is a family member, partner, friend, work colleagues, possible supplier and supporter of alcohol use in a variety of situations), behaviourally effective policy and programs, and initiatives provided prior to conception to assist in reducing the number of children and families whose lives are affected by fetal (and perinatal) alcohol exposure.

The second two factors are based on my research philosophy: to identify and prioritise research gaps in knowledge to guide policy and practice; and to conduct research that can lead to behaviour/societal change. Both these issues contributed to a formative research study with women to identify possible intervention strategies to reduce alcohol use during pregnancy. This work identified that male partners are often social facilitators of alcohol drinking sessions during their partner's pregnancy, thereby justifying the inclusion of male partners in policy and practice to reduce alcohol exposed pregnancies and FASD. This work was followed up by a systematic literature review of paternal contribution to alcohol exposed pregnancies which brought to light that father's involvement was not isolated to social facilitation, but also involved alcohol-related sperm damage leading to compromised pregnancy, fetal and childhood outcomes.

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The Intervention Research Framework (ref) is an important guide to my research work as it provides a logical progression to a field of research, and focuses on behavior - oriented contributions to policy and practice. Using this Framework, the next stage in this area of research will be to identify *pattern of alcohol use* by men during the preconception period on pregnancy, fetal and childhood outcomes in the *Australian context*, and *formative work* with men to identify possible intervention strategies, that resonate with them, to reduce male perinatal alcohol use, and reduce social facilitation of alcohol during their partners pregnancy. I am leading a team of researchers who have recently submitted a grant proposal for this work – we are hoping that it is one of the 13% of submitted proposals that gets funded.

**Contact:** Nyanda McBride [N.McBride@curtin.edu.au](mailto:N.McBride@curtin.edu.au)

### Birth fathers of adopted children

The Australian Fathers of Adopted Children study, undertaken by Paul Cornefert at the University of New South Wales in the School of Social Sciences, is designed to give fathers a voice. It aims to engage Australian fathers whose child or children were adopted in the past, or who are in the process of being adopted. It seeks to understand how the adoption has affected them, and how it impacts on their current lives, including their ability to find a potentially new and reduced role in their adopted children's lives. In an environment where voices of fostered and adopted children and caregivers are advocated other voices are often obscured, such as those of the birth parents. Advocates suggest, that birth fathers are the least studied, understood and served in the adoption triad, and what little is known about fathers and their lives is often excluded.

Of the fathers interviewed so far in this study, it is clear that there is a hidden and often silent emotional and psychological impact on these fathers. It includes feelings of guilt, powerlessness, shame and a desire for any form of contact with their child. The study includes an optional survey <http://www.birthfathers.unsw.edu.au> as well as personal in depth interviews. Recruitment is being undertaken in all States and Territories in order to reach as many birth fathers as possible.

Contact Paul Cornefert at [p-a.cornefert@unsw.edu.au](mailto:p-a.cornefert@unsw.edu.au)



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Or contact Richard Fletcher:  
[richard.fletcher@newcastle.edu.au](mailto:richard.fletcher@newcastle.edu.au)