



Royal Commission
into Family Violence

WITNESS STATEMENT OF DR REBECCA GIALLO

I, Rebecca Giallo, Research Fellow of Murdoch Childrens Research Institute, Parkville in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am a Research Fellow and Psychologist with the Healthy Mothers Healthy Families research group at the Murdoch Childrens Research Institute.
3. The Murdoch Childrens Research Institute is located and works together with the Royal Children's Hospital. It has approximately 1500 researchers and seeks to conduct research and to translate the knowledge created from that research into effective prevention, early intervention and treatments for children. The Healthy Mothers Healthy Families research program focuses on what can be done during pregnancy and the early postnatal period to improve maternal, newborn and child health outcomes.

Background and qualifications

4. I hold a Master of Psychology/PhD from RMIT University and I have over 10 years' experience in life course epidemiological and clinical intervention research, focussed on promoting the health and wellbeing of children and families. I have worked with children and families in a range of educational, hospital and clinical settings.
5. Prior to joining the Murdoch Childrens Research Institute in 2014, I worked as a Senior Research Fellow and psychologist at the Parenting Research Centre for 10 years. It was during this time that my program of research into fathers' health and wellbeing in the early years began. The Parenting Research Centre is an intermediary organisation seeking better outcomes for children by improving the quality and effectiveness of services and supports provided to children and families.
6. In terms of my practice experience, I have worked with vulnerable children and families in a range of clinical and educational settings. Most relevantly, from 2005 to 2006 I worked as a clinician on the Ballarat Health Services Child and Adolescent Mental

Health Service CAMHS and Schools Together project, which provided comprehensive teacher, family and child-based interventions to children with behavioural problems.

7. Further, from 2008 until 2010, I was a psychologist at Tweddle Child and Family Health Service, providing mental health and parenting support and interventions to mothers, fathers and other caregivers of young children (aged 0-4 years).
8. In both of these roles I worked with families from a broad range of social, economic and cultural backgrounds, including families experiencing couple relationship difficulties, interparental conflict, and intimate partner abuse.
9. Since 2003, I have had a number of papers published in the areas of life course epidemiology, early life stress and adversity, and fathers' mental health. Attached to this statement and marked 'RG 1' is a copy of my curriculum vitae which includes my publication record.

Research to date

10. My research within the Healthy Mothers Healthy Families program focuses on the long-term effects of early life stress and adversity on the health and wellbeing of children. My research details how patterns of child physical and mental health difficulties vary in relation to early life exposure to mothers' and fathers' mental health difficulties. A particular focus of my research is on fathers' and mothers' mental health, parenting behaviour, and its relationship with children's outcomes.
11. My research has not focussed on family violence specifically, but rather on parent-child relationships, parenting behaviour and quality of the couple relationship.

Extent to which fathers experience mental health difficulties

12. Drawing upon data from Growing Up in Australia: the Longitudinal Study of Australian Children, we have found that about 10 percent of fathers in the post-natal period experience psychological distress. This is comparable to rates of maternal postnatal depression reported in other Australian and international studies. This study also found that fathers are approximately one and a half times more likely to experience distress in the first postnatal year compared to men in the general Australian population. Attached to this statement and marked 'RG 2' is a copy of a paper that I co-authored, entitled *Father mental health during the early parenting period: results of an Australian population based longitudinal study*. The primary objective of this study was to report on the occurrence of mental health difficulties for a large national sample of Australian fathers of children aged 0-5 years.

13. Further, around 7 percent of fathers experience increasing and persistent distress across the early parenting period, so much so that they begin in what would be a normal range on the Kessler-6 assessment tool, to being well into the clinical range by the time their child is around 7 years of age. Attached to this statement and marked 'RG 3' is a copy of a paper that I co-authored, entitled *Factors associated with trajectories of psychological distress for fathers across the early parenting period: A national Australian study*. The primary objective of this study was to report on the factors associated with the course of fathers' psychological distress from the first postnatal year to when their child was 7 years of age.
14. Our work has shown that there are specific groups of fathers at increased risk of psychological distress, including:
- a. fathers not living with their children;
 - b. those from a disadvantaged background (economic disadvantage);
 - c. Aboriginal fathers;
 - d. fathers of children with disabilities; and
 - e. those with a chronic illness.
15. In a large community sample of over 1000 parents in Australia, we explored mothers' and fathers' experiences of fatigue in the early parenting period, its impact on parenting behaviour, and factors associated with fatigue. Attached to this statement and marked 'RG 4' and 'RG 5' respectively are copies of articles that I co-authored, entitled:
- a. *Parental fatigue and parenting practices during early childhood: An Australian community survey*; and
 - b. *The relationship between parental fatigue, parenting self-efficacy and behaviour: Implications for supporting parents in the early parenting period*.
- This body of work found that both mothers and fathers reported moderate to high levels of fatigue, and several psychosocial characteristics were associated with higher parental fatigue, including inadequate social support, poorer diet, poorer sleep quality and ineffective coping styles including self-blame and behaviour disengagement.
16. In a qualitative study, we also found the majority of fathers reported moderate to high levels of fatigue in the early parenting period. Attached to this statement and marked 'RG 6' is a copy of an article that I co-authored, entitled *In survival mode: mothers and fathers' experiences of fatigue in the early parenting period*. This study aimed to describe mothers' and fathers' experiences of fatigue in the early parenting period, the

impact on their daily functioning, parenting and family life, and the strategies they use to manage it.

17. For fathers in particular, our work has shown that fatigue impacts on their family relationships, on the way they communicate, their levels of frustration and irritability and their interactions with their children and partners.
18. One of the reasons that we have focussed on fatigue is that it is perceived by men as being less stigmatising than discussing mental health problems such as depression and anxiety. For this reason, it is a good entry point or conversation starter for talking about health and wellbeing with men in the early parenting period.

Social determinants of fathers' health and wellbeing difficulties

19. Some key risk factors that we have identified for mental health difficulties in the early parenting period include:
 - a. poor couple relationship quality;
 - b. partner mental health difficulties;
 - c. high work-family conflict;
 - d. limited access to flexible job conditions and parental leave;
 - e. financial difficulties;
 - f. stressful life events;
 - g. inadequate social support;
 - h. child sleep problems;
 - i. poor physical care services for mental health; and
 - j. limited engagement in self-care behaviour.
20. I consider these factors to be important targets for intervention when looking at men's health and wellbeing. Attached to this statement and marked 'RG 7' is a copy of a paper that I co-authored, entitled *Psychosocial risk factors associated with fathers' mental health in the postnatal period: results from a population-based study*. This paper examines a broad range of socio-demographic, individual, infant and contextual factors to identify those associated with fathers' psychological distress in the first year postpartum. In studies by other researchers, some of the factors identified above have been identified as risk factors for family violence such as poor couple relationship quality and financial difficulties.

21. Another key consideration is fathers' disinclination to seek help for mental health problems.
22. We have found that some barriers to men accessing health care services for mental health concerns includes their:
- a. negative attitudes toward help-seeking;
 - b. perceived stigma (i.e., shame or embarrassment) associated with accessing support for mental health problems;
 - c. employment-related demands (for example, many services are only open from 9am until 5pm, when many men are otherwise at work);
 - d. need for control and self-reliance in managing their own problems;
 - e. tendency to downplay or minimise the significance or impact of their problems; and
 - f. sense of resignation that nothing will help.

Impact of fathers' health and wellbeing difficulties on children, parenting and family relationships

23. Our research has focussed on the potential impact of

- a. fathers' depressive symptoms; and
- b. fatigue

on parenting behaviour, family relationships and children's outcomes.

Our research has not specifically examined the effects of fathers' mental health on family violence.

24. In our studies outlined below, a measure of 'parenting hostility', originally from the *Canadian National Longitudinal Survey of Children and Youth Cycle 3 survey instruments*: Parent questionnaire (Statistics Canada, 2000) has been used. It includes five items that measure frequency of hostile behaviours and feelings toward the child. The items are:

- a. I have been angry with this child.
- b. I have raised my voice with or shouted at this child.
- c. When this child cries, he/she gets on my nerves.
- d. I have lost my temper with this child.
- e. I have left this child alone in his/her bedroom when he/she was particularly upset.

25. We also use a measure of 'parenting warmth', which assesses the frequency of positive and affectionate verbal and physical behaviours and feelings toward the child. Items include:

- a. How often do you express affection by hugging, kissing and holding this child?
- b. How often do you hug or hold this child for no particular reason?
- c. How often do you tell this child how happy he/she makes you?
- d. How often do you have warm, close times together with this child?
- e. How often do you enjoy listening to this child and doing things with him/her?
- f. How often do you feel close to this child both when he/she is happy and upset?

26. Our research drawing upon population-based data from the *Growing Up In Australia: Longitudinal Study of Australian Children* (LSAC) shows that both fathers' and mothers' mental health difficulties in the early parenting period are associated with:

- a. increased hostility in parent child relationships;
- b. lower warmth;
- c. less consistency in following through with instructions and consequences;
- d. high parenting stress; and
- e. low confidence in the parenting role.

27. These are, in turn, associated with children's emotional and behavioural difficulties (even when accounting for a range of factors associated with children's outcomes). Attached to this statement and marked 'RG 8' and 'RG 9' respectively are copies of journal articles that I co-authored entitled:

- a. *Fathers' Postnatal Mental Health and Child Well-being at Age Five: The Mediating Role of Parenting Behavior*, and
- b. *Maternal postnatal mental health and later emotional-behavioural development of children: The mediating role of parenting behaviour*.

The aim of these studies was to examine whether parenting behaviour mediated the relationship between fathers' and mothers' postnatal psychological distress and emotional-behavioural outcomes for children at age 5.

28. We have also found that fathers' mental health difficulties are associated with maternal mental health difficulties.

29. In an unpublished Honours in Psychology student research project using data from LSAC in which I supervised, we found that fathers' high work-family conflict was

associated with increased psychological distress and couple relationship difficulties in the first postnatal year, which in turn was associated with low involvement in their children's daily learning activities, low parenting warmth, and high hostility in parent-child relationships.

30. With respect to the impact of fatigue on parenting behaviour, our research in a large community sample of over 1000 parents revealed that high levels of fatigue reported by both mothers and fathers in the early parenting period were associated with:
- a. increased hostility in parent child relationships;
 - b. lower warmth; and
 - c. high parenting stress; and
 - d. low confidence in the parenting role.
31. In our qualitative study, we also found that fathers reported that, when fatigued, they feel irritable and are easily frustrated in interactions with their children and partners. They are less likely to get involved in activities with their children, and find it harder to communicate well with their partner. For example, one father stated:
- "The way they [the children] behave on a day-to-day basis is probably the same, but when you're at a point where you're tired, what they do is more irritating and you react more than you would at another time when you're feeling good. Tolerance wears thin easier"* (Father from Focus Group 1).

Interventions and policy initiatives to promote the health and wellbeing of fathers

32. Our research has informed the introduction of mental health screening, early intervention support and referral for fathers at Victorian Early Parenting Centres.
33. From a practical perspective, I was a clinician at Tweddle Child and Family Health Service, based in Footscray. At that time, I contributed to a submission to the Department of Health under its Perinatal Depression Initiative. The submission was primarily aimed at obtaining additional funds to support the mental health screening of women attending Early Parenting Centres but we were able to get some funds to extend such screening to men attending the program as well. In a published paper, we report that of the 232 fathers who attended the 4-day residential program at Tweddle Child and Family Health Service from October 2010 to July 2011, 144 (62 percent) completed mental health screening using the Depression Anxiety Stress Scale. The majority of fathers who completed the screening were in a couple relationship, spoke English and were in full-time employment. The proportion of fathers experiencing

depression, anxiety and stress was 9%, 6% and 17%, respectively. Attached to this statement and marked 'RG 10' is a copy of an article that I co-authored, entitled *The psychological distress of fathers attending an Australian Early Parenting Centre for early parenting difficulties*.

34. The research I have been involved in has also informed the development of resources on parent mental health and couple relationships for the Raising Children Network. We have been involved in reviewing and contributing to particular resources tailored for men, for example the *Raising Children Network Dad's Guide to Pregnancy*, which also includes information about relationship changes, relationship difficulties, managing anger and strong emotions during pregnancy, and available support options.
35. Another piece of work that we initiated was the development and pilot evaluation of the Wide Awake Parenting program, aimed at reducing parental fatigue in the early parenting period. There was a high degree of interest and uptake by fathers recruited in maternal and child health settings (33.2 percent of all registrations were men). This was despite the absence of a specific father-engagement strategy.
36. In a 6-month period, 133 fathers registered interest in Wide Awake Parenting compared to 368 mothers. The mode of delivery, which was some written information, with brief telephone support has achieved high completion rates (namely, 86 percent) by mothers and fathers in the Wide Awake Parenting trial. I think that our success in engaging fathers was likely due to the:
 - a. focus on fatigue being less stigmatising;
 - b. recruitment being through universal health care settings for children; and
 - c. provision of a brief, flexible mode of delivery (written information and telephone support) that appeals to fathers as being amenable to fitting with work and family demands.
37. In terms of early intervention support for families from diverse cultural backgrounds, our research by the Healthy Mothers Healthy Families group has also revealed that health professionals involved in the care of migrant and refugee families during pregnancy and the early years of parenting are unsure about what they can do to support fathers with their social and health care needs.

Current Projects

38. We have a number of projects, which are currently underway and might be relevant to issues being explored by the Royal Commission into Family Violence (the Royal Commission).

39. A project entitled *Understanding the impact of fathers' mental health on parent-child and family relationships* uses data from over 5000 children and parents participating in LSAC to investigate the complex relationships between fathers' mental health, parenting behaviour, inter-parent conflict, and children's health and emotional-behavioural functioning.
40. We also have a new program of research that is starting (in collaboration with the Victorian Foundation for Survivors of Torture (Foundation House)) around the specific mental health needs of refugee and migrant fathers' and their experiences of the transition to becoming a father. We are also extending that to examine fathers' perceived needs for support for their own health, wellbeing, family functioning and parenting and we are likely to be working with three different communities in carrying out this work. Also, we will examine health professionals' views regarding the extent to which current frameworks for the provision of universal public maternity and early childhood services can meet the needs of these fathers.
41. Healthy Happy Beginnings is a program that specifically targets refugee women and families during pregnancy, childbirth and the months after. It is designed to promote health literacy and understanding of preventative health in the context of pregnancy and early childhood. The program combines one-on-one antenatal care with a midwife and interpreter, and group information sessions with a midwife, maternal and child health nurse and bicultural worker. Once evaluated the program will be ready for scaling up to other geographical sites and cultural groups.
42. I am supervising the work of several PhD students who are currently examining fathers' mental health, parenting, and help-seeking in the perinatal period. For example, students are investigating the:
 - a. extent to which fathers experience mental health and parenting difficulties in the perinatal period,
 - b. fathers' support needs and preferences to inform the development of tailored resources for fathers, as well as the engagement of, and service planning for fathers in maternity and early childhood services; and
 - c. extent to which fathers of children with Autism Spectrum Disorders experience mental health difficulties, and their support needs and preferences to inform the development of tailored resources and initiatives to support fathers.
43. Also, in collaboration with Dr Richard Fletcher of the Family Action Centre, University of Newcastle, we are conducting an audit of services provided in in all Early Parenting Centres in Australia with respect to fathers' mental health, including which screening

tools are being used. Early Parenting Centres provide residential and day care services to families with infants and young children experiencing parenting and mental health difficulties. This interview study will document the processes used to identify and refer fathers within Early Parenting Centres across Australia.

44. I believe the Early Parenting Centres present an opportunity to engage men about their health, wellbeing and family relationships. It is a time of vulnerability but it is also a time of opportunity.

Planned Projects

45. We do have some planned projects, for which we are currently seeking funding, which build upon our intervention work focussed on promoting fathers' mental health and family relationships in the early years of parenting.
46. Key projects include:
- a. development and evaluation of tailored, father-specific, and co-designed resources to reduce stigma, and promote help-seeking behaviour, wellbeing, and family relationships in the early years;
 - b. development and evaluation of co-designed initiatives to build the capacity of health services to engage with and respond to fathers' health and wellbeing support needs in the early years; and
 - c. evaluation of co-parenting interventions such as Family Foundations, which is a program developed by Mark Feinberg from the Pennsylvania State University, to help couples maintain strong family bonds, reduce stress, and raise healthy well-adjusted children.

Recommendations for the Royal Commission's consideration

47. In terms of prevention and early intervention, informed by our research to date, I think there is an opportunity to bring a men's health lens (which is sometimes forgotten or not well understood) to the issue of family violence.
48. As detailed above, a lot of the barriers to help-seeking for fathers relate to negative attitudes to help-seeking, stigma and employment demands and it is these matters that have informed what I consider are the opportunities for prevention and early intervention, specifically targeting fathers in those early parenting years. There are very few programs that I am aware of, which focus specifically on mental health issues for men or about the sorts of specific issues that men face as they become parents.

49. They are usually focussed on the couple and I do absolutely believe there is a place for that but I think there needs to be more attention paid to some of the specific health and wellbeing issues that men face during their parenting years.
50. This is because the early parenting period, particularly for first time fathers, presents a real opportunity to engage men about their health and wellbeing and why it is important for their children in those critical life stages.
51. In relation to universal antenatal, maternity and child health services, I think there is an opportunity to extend the excellent work those professionals are doing around women's postnatal health such as routine screening for mental health issues in Maternal and Child Health Services, to focus on fathers as well in a very direct way, so that it becomes part of routine practice to engage fathers and ensure there is a greater focus on the health of the whole family.
52. This kind of family health service model would mean that, over time, it would become more acceptable and expected that fathers engage with health services in approaching parenthood. This would provide an opportunity to strengthen families, and identify fathers experiencing adjustment and mental health problems, and those at risk of engaging family violence behaviours.
53. I recognise that it is very easy to suggest extending the focus to fathers but we must keep in mind the barriers preventing fathers from accessing the services. As stated earlier, those barriers include issues around employment commitments for example, particularly for fathers who do not have flexible working conditions.
54. I think the work in Early Parenting Centres is an example of attempts to proactively engage dads in their programs, particularly the residential programs where families go and stay for a few nights, such as Tweddle. Since they are providing residential services, even if fathers are working during the day, often they are coming at night so there is an opportunity to engage them then.
55. A major gap however is referral pathways for fathers. Based on my experience working at Tweddle, I know that men were often referred back to their general practitioners. This highlights the need for greater awareness of and support for men's health and family issues during early parenting in primary health care settings.
56. Generating such awareness would involve general practitioners being able to engage men about their health and wellbeing, not just their physical health.

57. I think there are also workforce capacity building issues that need to be considered, such as increasing health professionals' knowledge and skills to engage fathers about their health and wellbeing and offer referral and support.
58. More broadly, we have found that work-family conflict and quality of employment is a big factor that is associated with a fathers' mental health and that in turn is related to parenting issues such as increased hostility and lower warmth.
59. In this regard, there is an opportunity for parental leave policies to be revised in a way that encourages men to use their entitlements to make healthy adjustments and transitions to be available in those early weeks of care giving so that they can support their partners but also take the time to develop their skills and confidence in parenting, which we also know is crucial for a fathers' mental health (ie their self-efficacy in parenting).
60. There is real scope for workplace interventions specifically targeting fathers to promote work-family balance in early years. Our research shows that low work-family conflict and access to flexible and family-friendly leave is associated with better mental health among fathers.
61. There are promising interventions that are focussed on primary prevention and targeting the co-parenting relationship. These do not necessarily focus on the relationship between the couple but on building the skills and resources of families within that co-parenting relationship, including to negotiate parenting values, parenting roles, daily activities and managing conflict around parenting issues (such as Mark Feinberg's Family Foundations).
62. Engaging with fathers is an emerging focus, which I consider requires:
- a. investment in epidemiological research to build the evidence to inform development of interventions targeting the promotion of fathers' mental health and health family relationships in the early years; and
 - b. investment in clinical and health services research to evaluate prevention, early intervention and intervention approaches to prevent and reduce inter-parental conflict and family violence.



Dr Rebecca Giallo

Dated: 7 July 2015