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Adverse Childhood Experiences as a Risk Factor for Mental Health Problems in First-Time Australian Fathers

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Background & Rationale

Why study Adverse Childhood Experiences (ACEs) in first-time fathers?

The Transition to Fatherhood

- Becoming a father for the first time is a major developmental transition marked by both great joy and substantial challenges
- Many fathers report reduced wellbeing & life satisfaction in early postnatal months
- Poor paternal mental health harms father–infant bonding and child development

The Gap: Fathers & ACEs

- Identification of risk factors for paternal psychopathology could enable effective prevention and intervention initiatives
- Adverse Childhood Experiences (ACEs) may be a risk factor for new father's mental health and wellbeing
- Only 7 studies have examined paternal ACEs & father's outcomes (Deneault et al., 2025)
- Anxiety, alcohol use, and wellbeing remain largely unexplored in fathers

Method

Data are drawn from the Ten to Men (TTM) Study

Sample	Assessment of ACEs	Outcome Measures
718 first-time fathers (child < 12 months)	10 ACEs before age 18 Measured as: Yes/No responses	Depression: *PHQ-9*
Mean age: 34.7 years (SD = 6.98)	Physical, emotional & sexual abuse, Neglect, household dysfunction, parent loss	Anxiety: *GAD-7*
Distributed across 5 waves: 2013–2024	Total score of all ACEs experienced	Problematic alcohol use: *AUDIT*
ACEs assessed retrospectively (Wave 5)	Participants Grouped: 0, 1, 2–3, ≥4 ACEs	Wellbeing: *Personal Wellbeing Index*

ACE Prevalence Among First-Time Fathers

Over 60% of first-time fathers reported at least one ACE; nearly 1 in 4 reported 4+ ACEs

62.1%
reported at least one ACE

17.5%
reported a single ACE

22.4%
reported 2-3 ACEs

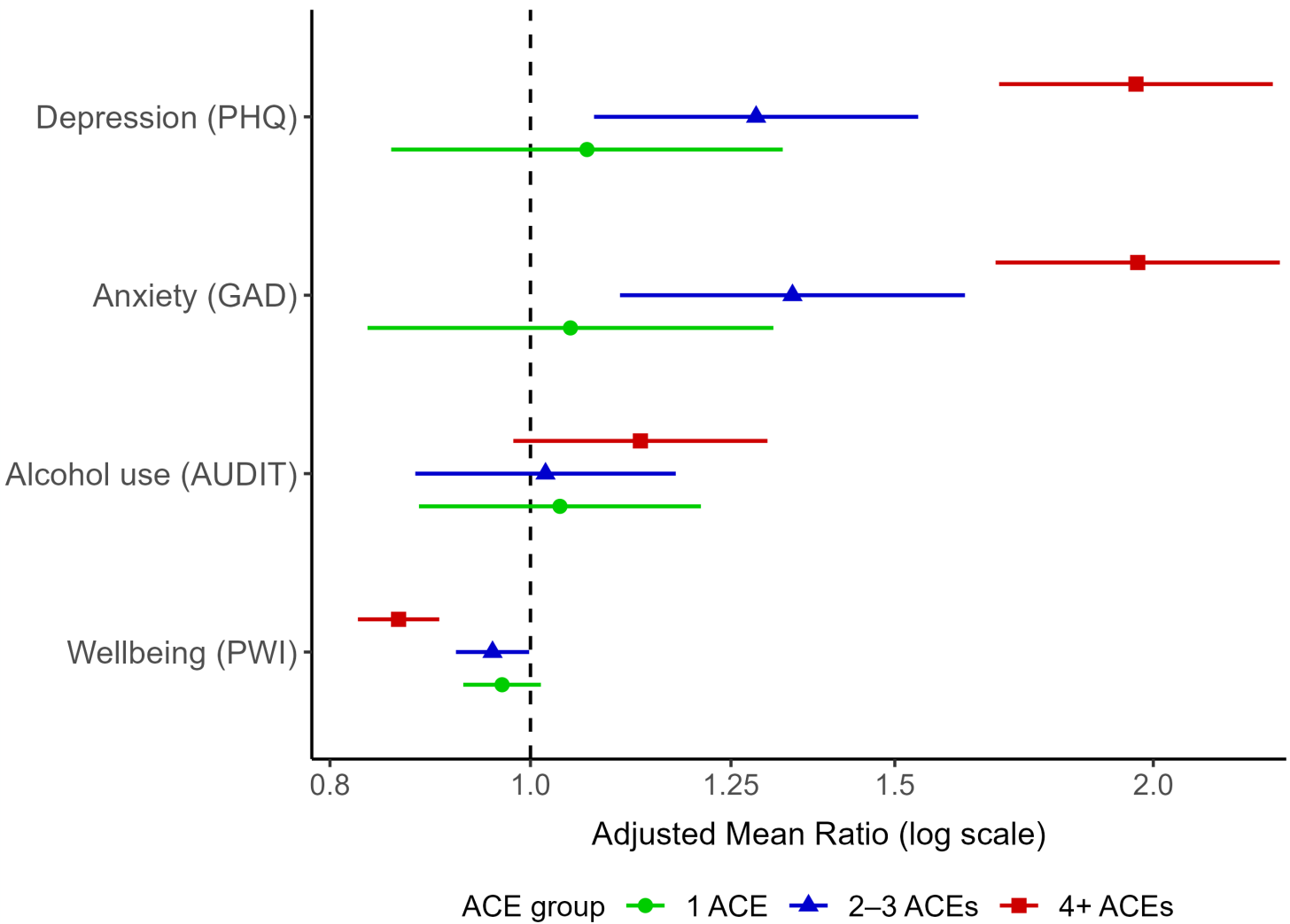
22.1%
reported ≥4 ACEs

Zero-order correlations with <u>total</u> ACE score (Gignac et al. 2016 reports that *r* > .30 as large)

Depression (PHQ-9)	Anxiety (GAD-7)	Perceived Wellbeing (PWI)	Problematic Alcohol use use (AUDIT)
r = .38*	r = .35*	r = −.29*	r = .09 (ns)

Dose-Response Relationships (Adjusted mean ratios vs. 0 ACEs)

Controlled for wave, age, SES, relationship status, employment, remoteness



Individual Adversities

Multivariate models with all 10 ACE types entered simultaneously

ACE Type:	Depression ▲	Anxiety ▲	Wellbeing ▼	Alcohol Use ▲
Sexual Abuse				–
Feeling Unloved				–
Verbal Abuse				–
Household Depression		–	–	–
Household Substance Use	–	–	–	

= independently significant after adjusting for co-occurring ACEs , study wave and demographics

Conclusions & Clinical Implications

Key Findings	Implications
• New fathers with a history of childhood adversity are at elevated risk for poorer mental health outcomes	• Screen for ACEs in perinatal services — fathers are often overlooked
• Dose-response: ≥4 ACEs linked to ~2× higher depression & anxiety	• ACEs should be explicitly recognised as a risk factor in perinatal policy and service frameworks
• Sexual abuse, feeling unloved & verbal abuse: most consistent predictors	• Aligns with WHO Mental Health Action Plan's life-course perspective emphasising early intervention and mental wellbeing promotion

Identifying fathers with histories of childhood adversity may help target early prevention and intervention efforts during the transition to parenthood.