

# “DEPENDS ON THE FATHER”: DEFINING PROBLEMATIC PATERNAL SUBSTANCE USE DURING PREGNANCY AND EARLY PARENTHOOD

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*Abstract.* The re-invention of fathers as sensitive, involved “new men” is a social phenomenon that has largely excluded marginalized and low-income fathers. Especially where perinatal substance use is concerned, moralized mother-centric discourse still easily eclipses attention to fathers’ roles. In this exploratory study, we analysed interviews with low-income new and expectant parents (26 mothers and 8 fathers) in Victoria, B.C. who self-identified as being impacted by drugs or alcohol. Using thematic analysis, we found fatherhood ideals framed how both paternal substance use and father absence were problematized. Paternal substance use was seen as problematic when it impacted the health of children indirectly by compromising maternal support, directly by increasing probability or severity of domestic violence, or by otherwise undermining the ability of a father to fulfill his role as he understands it. Parents espoused targeted perinatal services for fathers to break the intergenerational cycle of addiction and disadvantage.

**Keywords:** Fatherhood discourses; Pregnancy; Early parenthood; Problematic substance use; Couple negotiation; Programs for marginalised fathers

*Résumé.* La réinvention des pères en tant que « nouveaux hommes », sensibles et concernés, est un phénomène social qui a largement exclu les pères marginalisés et à faible revenu. Particulièrement, en ce qui concerne l’usage de substances périnatales, le discours moralisateur axé sur la mère éclipse encore facilement le rôle des pères. Dans cette étude exploratoire, nous avons analysé des entrevues effectuées à Victoria (Colombie-Britannique) auprès de nouveaux et futurs parents à faible revenu (26 mères et 8 pères) qui s’identifient comme étant touchés par la drogue ou l’alcool. À l’aide d’une analyse thématique, nous avons découvert que les idéaux de la paternité définissaient la manière dont la con-

sommation paternelle de substances et l'absence du père étaient problématisées. L'utilisation de substances par le père était considérée comme problématique lorsqu'elle affectait indirectement la santé des enfants en compromettant le soutien maternel, soit directement en augmentant la possibilité ou la gravité de la violence domestique, ou soit en sapant la capacité du père à remplir son rôle tel qu'il l'entend. Les parents épousèrent les services périnataux ciblés pour les pères dans le but de briser le cycle intergénérationnel de la dépendance et du désavantage social.

**Mots clés:** Discours sur la paternité; Grossesse; Petite enfance; Utilisation problématique de substances; Négociation de couple

## INTRODUCTION

Ideas of what constitutes good and responsible fatherhood have changed greatly in high-income countries over the last half-century (Lamb and Tamis-LeMonda 2004). The saliency of fathers as breadwinners has waned in post-industrial globalized economies (Gillis 2000; Strier 2014) and with increasing gender equality in the workforce (Benoit & Hallgrimsdottir 2011; Bernard 1981; Fox 2009). The rise of the sensitive and nurturing postmodern “new father” or “new man” (Pleck 1998; Podnicks 2006) coincides with research on how fathers influence child outcomes, not only as mediators of socio-economic status, but through their direct interaction with children (see reviews by Allen et al. 2012; Lamb 2000; Marsiglio et al. 2000; Pleck and Masciadrelli 2004). “New fathers” are present at the birth and through infancy of their children, are involved in day-to-day childcare, and are as engaged with daughters as much as sons (Pleck 1998: 358). Such fathers are becoming as adept at changing diapers as changing tires (Furstenberg 1988) and working to re-invent masculinity as inclusive of primary caregiving (Doucet 2004).

However, the research evidence shows that the trend towards increased father involvement is chiefly a middle class phenomenon (Benoit & Hallgrimsdottir 2011; Fox 2009; Ravanera and Hoffman 2012); marginalized low-income families have been largely sidelined from the fatherhood revolution. Instead, paternal *absence* is a more salient concern (Ball 2010), a problem in many cases exacerbated by institutional policies. For instance, income assistance programs provide incentive for mothers in poverty to live apart from fathers in order to maximize benefit eligibility (Hogan 2004). In child welfare agencies, social workers tend not to engage fathers in at-risk families, even when they represent potential assets (Benoit et al. 2015; Zanoni

et al. 2014), or potential threats (Brown et al. 2009; Strega et al. 2008). Explicit and implicit social work policies are known to systemically ignore and discourage father involvement (Brown et al. 2009; Strega et al. 2008; Weaver 2013), and along with the correctional system can perpetuate violent masculine identities.

Men with few legal economic or educational opportunities, who are racialized and/or resort to crime (Arditti et al. 2005; Dyer 2005; Hairston 2003) are implicated in constructions of what Miller and Mullins (2011: 238) call "street masculinity" and Curtis (2014: 120) dubs "dangerous masculinity." Such masculinities are formed in the "face of inhumane socioeconomic conditions" (Payne 2006: 288) and make up the antithesis of the involved "new man" or "new father". Further, destruction of Indigenous cultural practices and traditions, and the grave disruption of parenting caused by residential schools (Ball 2010), has distanced the "new man" fathering ideal from the reality of many Indigenous men. These intersections of poverty, substance use, crime, race, social exclusion, and colonization present an ecosystem that appears largely counterproductive to the postmodern ideals of involved fatherhood.

It follows that in the discourses around prenatal substance exposure, men are consistently underrepresented (McMahon and Rounsaville 2002; McMahon et al. 2007; Morissette et al. 2009; Söderström and Skåderud 2013; Twomey 2007) and fathers remain generally excluded from harm reduction efforts (Weaver 2013). This is the case despite growing evidence that children with substance-abusing fathers are at increased risk of health and behavioural problems even if the father is absent (Osborne and Berger 2009).

In this article we build on previous analyses that focused on definitions of problematic substance use for mothers from the perspectives of service providers (Benoit et al. 2014) and parents (Benoit et al. 2015). Service providers tended to view the use of substances by women who are pregnant or have recently become parents as morally wrong, framing substance use through the narrow lens of gendered responsabilisation (Benoit et al. 2014). By contrast, we found that while parents with lived experience of substance use and poverty held abstinence as the ideal during pregnancy and early parenting, they simultaneously recognized the autonomy of women to judge substance use risk for themselves (Benoit et al. 2015). In this paper we present how the same parents fit fathers into discourses about problematic substance use during the perinatal period.

## METHODS

### *Study Context*

The data for this analysis were gathered during a larger mixed-method study funded by the Canadian Institute of Health Research and approved by the Human Research Ethics Board at the University of Victoria, BC, Canada (Benoit et al. 2014; Benoit et al. 2015). From the point of view of health and social care providers and biological parents, the larger study aimed to shed light on factors that create accessible and non-judgemental maternity care and other supports for vulnerable pregnant and early parenting women and their families. Ensuing recommendations were synthesized for the development of HerWay Home (HWH), a new harm reduction program in Victoria, British Columbia, offering wrap-around services for new and expectant mothers affected by substance use, violence and/or mental health issues (Marcellus et al. 2014).

### SAMPLE AND DATA COLLECTION

The research team sought participants who fit the following three criteria: 19 years of age or older, affected by substance use either directly or indirectly, low income or insecure housing, and having been pregnant, had a pregnant partner, or had a baby in the last 12 months. These criteria were advertised on recruitment posters in health and social service sites and community centres in Victoria frequented by families. In addition, participants who completed interviews and members of the burgeoning HWH provider network were invited to refer potential participants. A small honorarium and public transit passes were provided to facilitate participation in the study. Interviews occurred in-person in family-friendly locations (including participants' homes) such that parents could bring their infant(s) or children. The second author conducted many of the interviews. Interview length averaged two hours and included both closed-ended and open-ended questions. Open-ended questions inquired about participants' living situation, experiences with healthcare services, opinions about how HWH services could be most helpful, and about a personal definition of problematic substance use during pregnancy and early parenting, among other topics. Answers were transcribed and entered into QSR NVivo 10.

The sample consisted of 26 women and eight men. Sixteen were currently expecting a child and 29 already had one or more children. All eight men but only 15 of the women reported being in a committed re-

lationship with the other parent of their youngest (or unborn) child. Half self-identified as Indigenous (First Nations, Métis or Inuit), including six of the men. The median age was 30 for the women and 26 for the men. In their childhood or youth, half had experienced being in government care, and only seven (all women) lived with both of their biological or adoptive parents at the age of 15.

Income for both genders was low: only two participants reported an annual household income over \$30,000 and the median household income for the sample overall was \$12,000. Only one mother and two fathers reported being employed. We also asked whether participants were currently in receipt of income assistance; of the 24 mothers and eight fathers who answered, three-quarters of the mothers and half the fathers said yes. Further, three of the mothers and one of the fathers reported being homeless. Pseudonyms are used to protect the identity of participants.

#### DATA ANALYSIS

Our thematic analysis (Braun and Clarke 2006) consisted of an iterative interpretative process combining inductive and deductive approaches (Fereday and Eimear 2006). Three deductive *thematic areas* were inherent in the interview design, as participants were specifically asked about the role of fathers, how their definitions of problematic substance compared between mothers and fathers, and whether and, if applicable, how fathers should be involved in the HWH program. We also inductively sought themes throughout the interview data that would help to answer (and frame) how parents affected by substance use define problematic substance use for new and expectant fathers. A fourth theme, which highlighted negotiation of substance use between parents, was established through this inductive process. To accomplish this analysis, the first author read the transcripts and conducted an initial open-coding step. By grouping, analysing, and examining the relationships between the codes and research question a preliminary coding framework was developed. The second author independently reviewed the data and both authors worked together to refine the framework. The process of re-coding went hand-in-hand with further data-driven adjustment of the framework to clearly represent the themes, and was reviewed by the second author for validity and reliability of application. Finally, the first author, with input and feedback from the second author, worked to position the themes relative to concepts relating to masculinity, social change, and the determinants of health.

## FINDINGS

Three of the four major themes relate directly to the a priori thematic areas; the theme relating to how couples negotiate substance use was fully emergent from the data. Together these themes show how participants' definitions of problematic substance use are: founded on the roles and realities of fatherhood in deprived socioeconomic conditions, developed through an understanding of intergenerational harms associated with the colonization, are shaped by ultimatums or exclusion and, finally, offer implications for health and social service program design.

### *"What a Father Should Be": Ideals and Realities*

In framing fatherhood, participants drew on a range of "new father" as well as more traditional fatherhood discourses. Many also struggled with a dearth of positive examples of fathers in their own lives, creating tensions between ideals and realities of shared parenting. Some mothers experienced fathers as abusers rather than partners, or as absent altogether. Ambivalence towards fathers precluded any single universal insight into fatherhood or simple policy recommendation.

A few parents, including Sandra, described fathers as equal parents: "50/50. Yeah, big time". Holly amalgamated mothering and fathering into one description of nurturer:

[My partner] comes home and plays with his little boy and cuddles with him and all that good stuff and then, and then we put him to bed together. He's just the other parent, like there's no role assigned to him.

Similarly, Greg maintained that shared parenting is a reciprocal activity:

I think having two parents, it helps out a lot because I will watch and observe the mother, kind of get frustrated, and once she gets really frustrated, go "Here, let me take our son and you go for fresh air or a cup of water or just sit down and watch some TV and take your mind off of something" and she does vice versa. She does the same.

Yet, as hinted in Greg's account, even parents who espoused equality described the father's share of the early parenting duties as "relief," to, as Jessica put it, "make it easier for the mom", rather than as a truly even split of responsibility. This is consistent with gendered concepts of parenting studied elsewhere (Benoit & Hallgrimsdottir 2011; Fox 2009; Miller 2011; McKay & Doucet 2010; Pedersen 2012) that continue – despite the rhetoric of involved fatherhood and equal partnership – to construct fathers' participation in early family life as secondary. For Jessica,

this ideal of a supporter or ‘back-up’ mother did not come to fruition: “I never got the support that was needed, the help, there was no 50/50. I had no sleep, he had it all.” As for the father of her older children, Jessica said his role:

...hasn’t been a role at all. I felt alone, I felt I’d be better off on my own, I felt I was put down. I was abused, I was demeaned, I was just treated very poorly and that’s why we left and it got worse when I had kids. [...] I didn’t grow up with a father, so I haven’t had much experience with what a father role is supposed to be like, but I hope that a father would be supportive, pretty much do everything that the mom can do.

Such optimism around the potential for father involvement, even when participants’ experiences were negative, was a common thread through the interviews.

Only the fathers in this study spoke of material provision as a core component of responsible fathering. As Dustin shared, “I would say my main goals would be supporting, financially, and just to be able to put food on the table.” Centring the role of fatherhood on financial provision in the context of poverty and complex employment barriers is common (Williams 2008) but known to lead to self-imposed alienation or exclusion (Kost 2001) and the perpetuation of unjust stereotypes about “dead-beat” dads (Maldonado 2005). Mothers’ lack of emphasis on fathers as breadwinners may be connected to provincial welfare and subsidized housing policies, which at the time of interview, included a full claw-back of any child support payments from income assistance clients. As a result, mothers and their children receiving income assistance would see no gain from paternal financial support.

Next to being providers, fathers also saw themselves as role models for their children. Modelling virtuous behaviour was framed as necessary for breaking the cycle of socioeconomic disadvantage, including criminality. Wesley asserted: “Well, what I want to see is to be a good role model. I think it would just absolutely just break my heart if I seen one of my kids go to jail or follow the same path that I did.” John shared a similar view, saying: “That’s the way I look at what a father should be, like, a person who kids look up to their father and say that’s the guy who stood up to everything in life.”

Despite these ideals, many participants had more experience with father absence than good fathering, as Carrie described:

I haven’t had much experience with fathers. Because, you know, the fathers of my kids haven’t been around, my father hasn’t been around and, when you go to parenting groups there’s, very few fathers.

But father absence was not framed as something to be accepted. Sarah reflected:

I think more issues are risen from parents, from fathers giving up on their part in the children's life, even from just early on, before the baby's even born, to even like I said, witness in some way. There's more problems, I think, caused by not being there.

The intergenerational cycle of deviant fathers has been documented; fathers who are absent or who suffer from substance addiction are more likely to have had fathers who were absent and/or addicted to substances (e.g., Neault et al. 2012). For some participants, then, fathers' roles were identifiable by the hole they left behind.

Constructions of masculinity further complicated the ability of the men in our study to be 'ideal' fathers. For Peter this was connected to a sense of ambiguity around the role of the father and a larger sense of shame and societal disapproval towards men and masculinity:

[S]ometimes dads sit there like, clumsily, and don't like, you know, take their role. Women automatically [fingers snap], they, they identify with whatever, like, their motherhood. Fathers don't really identify with their fatherhood. There's like almost uh, gender neutrality where you're not allowed to take a typical masculine role. And there is kind of a bit of shame involved in that. And maybe there is also just, there is not enough appreciation towards the father role where guys just don't, don't identify with, and feel pride in their fatherhood.

Fatherhood appeared nebulous compared to the inherent essentialism and physicality of motherhood. Having "that baby kicking them" and "that click in the brain", as Rachel put it, was seen to organically prime and ground mothers in their roles and embodied awareness of potential harms. Nevertheless, John's account demonstrated that motherhood is also limited by socioeconomic conditions, and that poor or restricted experiences of fatherhood in childhood can motivate fathers to perform a role for their children from which they did not benefit themselves:

I'm a dad, of five kids, so like, for me to have, to be involved with my kids, is very special to me, because I never got, got to be involved with my dad. [...] I wouldn't say my mom was a bad mother or anything, she did her best 'cause she was a single parent and raising three boys, like I think it was pretty rough. But like... my mom really never got up with us, and like I brought ourselves to school and stuff like that so, I, like those are my joys of seeing, in the mornings when my kids are like you know, getting up, awww, why do I got to get up? Just like another ten more minutes dad.



Fathers thus positioned themselves as perpetuators of either virtue or disadvantage, while mothers tended to emphasize the immediate emotional and caregiving support during pregnancy and early parenthood. Participants of both genders saw the absence of fathers as a problem. The dissonance between the ideals of fathers sets the context for participants' definitions of problematic substance use.

*Defining Problematic Substance Use for Fathers: Undermining the Home*

As we found in the case for mothers dealing with substance use and other challenges (Benoit et al. 2015), parents' definitions of problematic substance use for fathers during the perinatal period were defined based on a pragmatic rather than a moral standard. The few moral arguments against substance were tempered with the view that a father's influence on his children's health was comparatively indirect and distal. Here again the physicality of the mother's pregnancy and her act of breastfeeding was emphasized, assigning greater responsibility to mothers, regardless of what either parent believed to be fair or equitable. As Holly noted:

I think it [the standard for abstinence] should be [the same], but it's not. I mean the dad isn't carrying a living being inside of them. Like my boyfriend, he relapsed both times that I've been pregnant. And it makes me very mad, and I don't think that he should do that, because he's also an addict, but at the same time, he's not putting somebody else's life immediately at risk.

Problematic substance use was defined by a self-determined assessment of risk according to substance type, frequency of use, and multiple socioeconomic intermediates for creating a harmful context for children. Anna, for example, described parameters for acceptable use:

[I]t depends on what substances. Like I mean, I think alcohol if the father is drinking while the mother's pregnant, I mean as long as it's in moderation, and it's not in an unhealthy way that it'd be fine. I don't think the father should smoke.

Substance use is thus deemed problematic when it exceeds moderation, transmits health risks to children (e.g., through second hand smoke), compromises mental performance, or threatens financial stability.

The majority of participants also expressed in some way that fathers' substance use became problematic when it compromised emotional and physical support for the mother. As Greg said: "most fathers, they don't take in consideration of, you know, what they're doing, is also impacting

the mother, you know?” Five mothers explicitly called their current or past partner’s substance use “stressful,” and recognized this stress as an indirect but potentially significant mode of foetal harm.

Four mothers shared that their partners’ use was frustrating or even infuriating when it complicated their own attempts to quit, centring their definition of problematic substance use for fathers’ relative to their own use. Cynthia’s story was a case in point:

I have a partner that has chosen to use in the past couple months and it being around me makes it very difficult and very stressful for me to want. Like why the hell should I have to stay clean if he can’t? That’s kind of the way I look at it and I think if I have to stay clean he should fucking stay clean too.

Additionally, and reinforcing other research, a father’s substance use was considered a predictor of ongoing and/or future substance use problems for both his partner (Morissette et al. 2009; Riehman et al. 2008; Rivaux et al. 2008; Simmons 2006; Simmons and Singer 2006; Torchalla et al. 2015) and children (Dieck 2013; Hussong et al. 2012). Sandra said:

Like, even if you help this girl and she does do fine for a while and she has the baby, but she’s going to eventually go back with her old man but still stuck in that life and she’s going to be brought back into that life. And so is the baby. When it gets older. And then it’s the fucking cycle again. That’s what’s the problem.

These definitions reflect fathers’ roles as supporters and role models. Peter drew on both the “new father” and provider ideals when spoke of how substance use could interfere with parenting when money for substances “is coming out of your child’s mouth” or time used for consumption “is coming out of the time being spent with your baby.” When asked to compare problematic substance use between mothers and fathers, Peter’s thought process brought him to the conclusion that fathers’ use could be as harmful as mothers’:

For mothers? [...] Well, it’s a little bit more physically direct because of the breastfeeding or because if like, if they’re in, in utero, then it has an effect. But, I think still being a dad and, and not physically being there for, for a child, giving them less adequate food, you know? If, you know if you have to give them [children] white bread and, and Kraft Dinner, because you, because you didn’t have the money to buy the vegetables and the proper food, well then that, that’s physically affecting your child. You know? So, in that sense, there, you could probably even quantify both those things [effects of mothers’ vs. fathers’ substance use] and have them reach the same levels.

The epitome of substance-related harm for fathers was domestic violence; the majority of participants conceded that safety was a prerequisite for the inclusion of fathers in family life or in family social programs. When John was asked about the extent to which fathers should be included in HWH programming, he answered: “Depends on if they’re violent or not. You know what I mean? I mean there’s some people out there that are really violent and some people that are not.” While John suggested violence was an inherent characteristic that men could possess, others, including Patricia, were concerned that alcohol use increased chances of violence: “My concern with it is that people don’t, they don’t... they become somebody else when they’re drunk, and become violent.” The violent “street” masculinities were intertwined with substance use and the antithesis of nurturing fatherhood. In a rare reference to Indigeneity (interviews did not explicitly reflect on their ethnic identities, nor did interviewers ask them to), Roger evoked both a racialized and gendered construction of problematic drinking in describing his own behaviour: “[A]t the end of the day when I get really drunk like I, I get physical. Um, the Indian comes out in me I guess. Right. I just come savage.” Roger’s account drew on the construction of a hyper-violent or “dangerous masculinity” reinforced by stereotypes of Indigenous men. Yet parents in this study did not explicitly articulate or challenge the broader socio-economic inequities or systematic discrimination that drive and perpetuate these constructions. John made the point that financial provision was not enough, that an immaterial or emotional quality of fatherhood was important but compromised by addiction. He said:

I always got told and what my grandfather taught me is just, as long as you have a roof over your head and, family that loves you then that’s, that’s a family man ... I disagree for like, if we were alcoholics and everything and, like that and then, that’s not a home. Huh, through my eyes it’s not a home.

While participants recognized that fathers were not held to the same degree of abstinence as mothers, and felt that problematic impacts of their substance use were more indirect than that of pregnant or breastfeeding mothers, the potential for severity over the long term was similar if not the same.

#### *How Couples Negotiate Substance Use: The Buck Stops With Moms*

Couples often share substance use patterns, complicating either parent’s lone efforts to sustain reduced consumption. Overemphasis on a single member of the relationship misses the importance of interaction between

the parents as a dyad. Parents saw quitting harmful use together as the ideal process, but mothers saw themselves as ultimately responsible for protecting their children from the effects of problematic substance use. Amanda stated that “personally I think that if you are in a relationship together, you have babies and whatever, you’re gonna have a family, you work together and there is no substance abuse.” Christine affirmed:

Yeah I would think that [quitting substance use] would have to be a joint thing, um, if they were to be a couple especially. Um, in my situation, I, I was asking my son’s father to uh, not only quit to get, to seek help and, he talked a bit but he never did it. So, I just severed the connection, um, and that created a distance that I thought was needed and safe enough.

For Christine, her partner becoming “verbally abusive and intimidating” trumped any further possibility of working together to reduce substance use. She said, “I like left on the spot, I left everything I just, took off with babe and the stroller kind of thing.” But even agreement to abstain was more often represented as the mother’s decision, rather than a mutual negotiation, as Jack related:

She helped me quit drinking. She did it by stopping, stopped the drinking first, before I did. And she didn’t do it in a way that, she didn’t nag me or threatened to leave me or anything, she just kept asking me to kick it.

Jack’s story was a relative anomaly among our participants’ accounts. More often, mothers reported giving their partners an ultimatum: quit or lose access to the family. Whitney and Roger shared examples of such accounts:

And then I got pregnant with my son and he didn’t want to quit. The only way to make him quit was to tell him... that if he didn’t quit he would lose his family, so it... it was quite a struggle for him cause he, he does the same thing, he didn’t have a great childhood. (Whitney)

Like I used to go to [name of city], to drink, for the weekend. And uh, you know she got mad at me a few times she, she almost, got to that point of, you stay away, don’t, don’t be coming back, and that’s another, the... that made my mind up, okay you got to quit because she’s already telling you. You just stay away. (Roger)

Such ultimatums can be interpreted as an extreme of the phenomenon of “maternal gatekeeping” (Puhlman and Pasley 2013) in which mothers control the quantity and quality of interactions between fathers and children by either limiting or encouraging time together in different

contexts. The underlying discourse suggests that mothers are ultimately responsible for protecting their children from fathers, even when they are themselves victims of abuse (Landsman and Hartley 2007; Strega and Janzen 2013). When Melanie, who described being beaten up by the father of her young child, was asked the father's family involvement, she stated:

No, he's not allowed. He's not allowed. Sure I'll take your money [child support payments] but you're not seeing your children. Over my dead body. Am I gonna be treated like hell, no, because he's um, not a safe person.

Melanie went on to describe being threatened by her ex and his fellow gang members, keeping violence at bay through boundaries, police help, and to some extent immunity on account of her ex's status in the gang.

Father exclusion was other times more passive, as fathers showed little interest in participating in their children's lives, something which mothers in this study were left to discern. Sarah said if fathers are offered service but "don't take the opportunity, then [mothers] can feel a little clear, like on my opinion, then we can see a little more clearly "OK he actually doesn't give a shit."

In a few circumstances, participants reported external enforcement of separation, where a documented history of domestic violence led social workers to force mothers to choose between keeping their partners or their children. In such instances mothers who 'fail to protect' their children (Strega 2012) from violence are labelled 'neglectful' (Sykes 2011) and are denied their ability to parent (Krane et al. 2011). Meghan recounts the dilemma that ensued when her son was removed at birth in part on account of endangerment by the father: "I was unable to make any type of decision because I didn't have my son and I was afraid to lose my partner because he was the only person I had left, right?"

Among the study participants, it was largely up to mothers to discern when a father's substance use and/or accompanying violence merited his severance from the family. In an extreme of maternal gatekeeping, some controlled fathers' access to their children while others' ex-partners were excluded more passively. Institutions sometimes enforced separations between fathers, mothers and children in the interest of protection. Couples working together to reduce use is seen as the ideal yet participants' accounts largely reflected a different reality.

*Inclusion of Fathers in Perinatal Services: A Call For Separate Programming*

When asked whether fathers should be involved in HWH services, parents, including Dustin, were nearly unanimous in their expression of a need for programs open to new and expectant fathers: “Yes, they should be involved... because they have just as much feeling and love for babies as the mom does [laugh] and they want to be there as much.” Lisa concurred: “I would love to see fathers involved just as much as others, especially if the fathers are willing, there’s so many dads out there that are wanting to be there.” However, the inclusion of fathers came with caveats other than willingness, as Peter pointed out:

[I]t is a sensitive issue ‘cause I don’t know how many, how many fathers are still involved in the relationship [...] you know, like, what’s the role of the father, well, he left us. [...] Or maybe they didn’t have good relationships with their fathers. But I think, maybe that’s a reason to discuss it anyways.

Ten participants (all women) reiterated the importance of women-first programming that was either reserved for mothers only, or where mothers can restrict fathers’ participation, if needed. Single mothers and mothers with experiences of intimate partner violence were especially reserved about including men. Christine, for example, stated that she “wouldn’t be as comfortable” with programming that was equally open to fathers, and Julie thought that a more family-oriented approach ought to be “about the women still.” Other mothers expressed ambivalence about what was often framed as the right of the father to be involved, balancing it with the need for a safe and comfortable space for women. According to Holly, “On the one hand, it’s really nice to have something that the fathers are involved in, but at the same time, sometimes mothers just need a women’s group.” Dominique said:

That’s a hard one for me to answer being a single mom because I know like, when I see men at the groups it’s personally, it can be a little bit of a trigger for me because I don’t have a man for me, like a negative trigger, but on the other hand for that father, he may feel really bad if he can’t come to the group.

Among the mothers, such as Amanda, who echoed that there should be “a line kind of drawn” to limit fathers’ participation in order to preserve the sense of a “sanctuary” for mothers all reported present or past experience with intimate partner violence.

On the other hand, fathers, including Dustin, reported their own discomfort with parenting groups that are primarily attended by women: “Welcomed yes, like comfortable, no, because it’s like, a lot of the times when you go, I don’t know if it’s just ‘cause I’m usually the only guy, so it’s like, it makes it harder to participate and everything.”

This mirrors the experience of fathers in other contexts who often feel excluded or judged when using prenatal services (Coles 2009; Ross et al. 2012; Steen et al. 2012). In their review of men’s experiences of maternity care, Steen et al. (2012) conclude that fathers cannot effectively support their partner during pregnancy and early parenting if they themselves are not supported. Men in our study listed their own needs as including addictions treatment, anger management, communications help, parenting groups and employment support.

In Rachel’s view, the lack of active engagement with fathers exacerbates their role confusion and absenteeism. Targeted perinatal services could work to provide the role modelling they may have lacked:

[A]s a mother, you have to go to prenatal, you have to learn how to breast-feed, you have to do all these things and the father’s kind of like, “Well where do I fit in?” So I think if he is actually shown “Hey your role is very important, this is what you can do to be a good father” that I think they would feel, it would be more inspiring to them to do the right thing [...] Yeah, if they’re shown, that maybe that can break the cycle.

Some participants felt that exclusionary policies by social services deterred potential involvement from fathers prematurely. Sarah noted that time with infants and children can be motivation for making healthy changes in life, “because how can a person strive for something when they don’t even know what it tastes like?” Fathers in Weaver’s study (2008) held that the birth of a child can profoundly inspire a fresh start in life, not dissimilar from discourses on motherhood (Roy and Lucas 2006). But when Elise was asked if fathers should be involved in the HWH program, she pragmatically summarized: “Depends on the father, depends on the situation, the mother and the child.”

Excluding fathers who may be considered risky without first offering comprehensive targeted support denies them an important opportunity to change, and denies their children a better chance to grow up with a healthy relationship with their fathers (Coles 2009). Yet the inclusion of fathers in programming for families with experiences of violence is not and will not be simple.

## LIMITATIONS

The inclusion of voices of both mothers *and* fathers experiencing structural vulnerability is a strength of this study. However, while parents of both genders shared a richness of thoughts and experiences, the number and diversity of men in this study is limited. As with other studies that attempt to capture the voices of marginalized fathers (e.g., Strega et al. 2009), the voices of single, non-resident and uninvolved fathers were not represented. Notably, in a study of low-income and exclusively non-residential fathers (Myers 2013: 260), fathers eschewed the conventional breadwinner role – contrary to our findings here – in favour of viewing responsible father roles as more akin to a protective and supportive “Big Brother.” Among the men recruited from our study breadwinning was considered a major component of good fathering. Cohabitation also shapes definitions of fatherhood in way that could not be explored within the scope of this study, as no contrast could be made between the experiences of cohabitating versus non-cohabitating fathers. Further, being a non-random sample of largely self-selected participants, there are surely other perspectives missing from the study, including the voices of those who may have been affected by substance use and unaware, unwilling or too occupied to discuss parenting and perinatal services in their own contexts, or of those who simply did not frequent the establishments in which the study was advertised in Victoria, B.C.

## DISCUSSION

Our findings lend nuance to the recent literature on fatherhood in the 21st century marked by an emphasis on good and responsible fatherhood (Lamb and Tamis-LeMonda 2004), the sensitive and nurturing postmodern “new father” or “new man” (Pleck 1998; Podnicks 2006) and father’s direct interaction with their newborn children (Allen et al. 2012; Lamb 2000; Marsiglio et al. 2000; Pleck and Masciadrelli 2004). While our study is exploratory in nature and based on single interviews with a small number of new and expectant fathers and mothers who self-identified as struggling with substance and poverty, we draw attention to the formidable challenges of expectant and new fathers face in reaching this ideal.

Our participants’ thoughts and experiences revealed a spectrum of experiences with fathers and tensions between the “new father” masculinities that prescribe high levels of paternal involvement and an epidemic of father absence. We found that, to some extent, the moralized definitions of mothers’ problematic substance use (Benoit et al. 2015) spilled



over into definitions for fathers; mothers spoke with anger and conviction over the idea that fathers ought to be held to the same standard of abstinence to which they themselves were expected to adhere. Yet the bulk of parents' discourse took a more pragmatic approach, aligning with an understanding of lived experiences that permitted sovereign individuals to judge for themselves what is an acceptable level of substance use. Such understandings were drawn from concepts of fathers' roles in their families, were concerned with how fathers' substance use and parenting time were moderated, and held implications for fathers' inclusion in prenatal and parenting programs.

Participants' discourses suggest that the lower expectation for fathers' abstinence reflects the rhetoric that, especially in the context of socioeconomic marginalization, mothers are fundamentally responsible and fathers are comparatively dispensable in their roles. Many parents spoke of an absence of positive paternal experiences, or a string of negative experiences that included violence and abuse from partners or their own fathers. This aligns with a larger phenomenon of fathers seen as unfit, uninterested, or unrepresented (Coley 2001; Marks & Palkovitz 2004; Södertsöm and Skårderud 2013; Twomey 2007). For Indigenous fathers, involvement is complicated by broken cultural legacy of fatherhood, and yet fatherhood is being revived (Ball 2010; National Collaborating Centre for Aboriginal Health 2011). The tension between "street" masculinities (Curtis 2014; Payne 2006; Grundetjern and Sandberg 2012) that demand father exclusion and "new father" masculinities that call for increased involvement also emerged from our thematic analysis. Yet despite some uncertainty about the roles of fathers, all parents felt that fathers had the potential to make positive contributions to their family.

In terms of distinguishing benign versus problematic substance use, our participants saw the interference of substance use with the core functions of fatherhood as a problem. Those functions included financial provision (emphasized by fathers), support for mothers (emphasized by mothers) including: solidarity in substance use reduction; role modelling a lawful, virtuous, and healthy life; participation in the day-to-day activities of child rearing; and contribution to a sense of safety and belonging in the home. Notably, new fathers in another Canadian study felt that their tobacco use was highly stigmatized (Greaves et al. 2010), with smoking being perceived as in direct conflict with the male roles of provider and protector. The landscape of stigma according to substance type and gender is sure to shift with public perceptions of both substances and parenting. In the most extreme, men's substance abuse is seen as aligned with the expression of dangerous "street" masculinities (Curtis

2014; Payne 2006; Grundetjern and Sandberg 2012) that demand father exclusion from family life altogether.

To summarize, an overall functionalist view of fatherhood produces a pragmatic perspective on problematic substance use. If new fatherhood is constructed on choices, actions and relatively circumferential contributions to home and finance, whereas motherhood remains an inherent and physical condition, then it would follow that the morality discourses would be expressed differently for new and expectant mothers versus fathers. The level of moral vitriol will remain higher for mothers compared to fathers who use substances as long as the role of fathers in the context of marginalization, racialization and poverty remains reduced, dismissed or systematically ignored.

## CONCLUSION

In order to reduce substance-related harms to parents, children, families and society, we must nuance our definitions of problematic substance use with an understanding of the socioeconomic contexts and mechanisms which enable harms, and ground this understanding in the voices and experiences of the people affected. Although safety and security for potential victims of abuse is paramount, exclusion of at-risk fathers is not a sustainable strategy for breaking the intergenerational cycles of father absence, poverty, violence and addiction (Dominelli et al. 2005; Rutman et al. 2002; Neault et al. 2012; Pougnet et al. 2012; Stega et al. 2008; Thornberry and Henry 2013; Weaver 2013). Rather, “poppa” needs to be added to the agenda, not just of research (McMahon and Rounsaville 2002) but also of perinatal (Ferguson and Gates 2015) and harm reduction services (Weaver 2013), within a larger framework for social policy change to address systemic barriers to serving families. Fathers in precarious socioeconomic circumstances do draw on, and meet or seek to meet the ideals of the “new father” increasingly adopted in the middle class, taking on both greater roles and greater responsibility for shaping the experiences and life trajectories of their children. Yet interventions could help fathers further leverage efforts to redefine masculinities as inclusive of nurturing, even in the context of poverty and intergenerational violence, addiction and street-entrenchment. Maintaining the status quo of excluding fathers from social services is to perpetuate mother-blame (Strega et al. 2008; Brown et al. 2009) and deny disadvantaged families the opportunity to provide the best environment for their children.

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