In this issue

Welcome to the third edition of Family Relationships Quarterly, the newsletter of the Australian Family Relationships Clearinghouse. The team at AFRC would like to wish all of our readers a happy and prosperous new year.

This edition, our first for 2007, features the executive summary of a recent research report, by Jennifer McIntosh and Caroline Long, which examined the outcomes from child-focused and child-inclusive post-separation family dispute resolution. The study compared outcomes for two groups of separated parents who attended mediation services and either engaged in a child-focused or a child-inclusive intervention. Implications for practice are discussed.

Suzanne Vassallo, Research Officer at the Australian Institute of Family Studies, reviews a recent article by eminent psychiatrist and researcher, Michael Rutter, on the preliminary evaluations of Sure Start. The Sure Start initiative aims to reduce child poverty and social exclusion by providing a range of services to children and families in socially disadvantaged areas in England. The outcomes of the preliminary evaluation are of interest to providers and policy makers who advocate for the adoption of universally targeted services.

In our continuing focus on family statistics and trends, Lixia Qu and Robyn Parker examine trends in the choice of a celebrant for couples who are getting married. There has been a significant rise in the number of couples who opt for a civil celebrant. Elly Robinson reports on the 5th Australian and New Zealand Adolescent Health Conference, held in Sydney in November 2006. The report includes a review of Professor Victor Strasburger’s keynote address on the impact of media on adolescent health.

Our regular highlights include conference abstracts from the 6th Annual Conference of the Australian Psychological Society Psychology of Relationships Interest Group, held in Melbourne in November 2006. Literature highlights focus on the effects of parental conflict on children, and upcoming conferences and events are included.

As always, the AFRC team is keen to receive feedback on how it can better meet the needs of the range of professionals working in the field of family relationships. Feedback and ideas for future FRQ articles can be emailed to afrc@aifs.gov.au. The AFRC also publishes a range of briefing papers, which can be found on our website at www.aifs.gov.au/afrc/pubs/pubs.html, and in-depth issues papers will be added to the site in the coming months. AFRC is an entirely electronic-based clearinghouse, and all our publications are freely available online.

We look forward to your feedback as we continue to grow in 2007.

Elly Robinson
Manager
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The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policymakers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

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Children beyond dispute

A prospective study of outcomes from child-focused and child-inclusive post-separation family dispute resolution

JENNIFER McINTOSH AND CAROLINE LONG

Final Research Report, October 2006

Executive summary (REPRINTED WITH PERMISSION)

Study synopsis

This study was funded by the Australian Government Attorney-General's Department, and conducted through a collaboration between Family Transitions, Relationships Australia and La Trobe University.

The study compared outcomes over one year for two groups of separated parents, who attended mediation over parenting disputes. These parents engaged either in a child-focused intervention, or in a child-inclusive intervention, at one of three Relationships Australia services (Canberra, Melbourne and Adelaide).

Two hundred and seventy-five parents took part in the study (142 families). They reported on 364 children, and 193 of those children, aged 5–16 years, also participated directly in the research. No significant differences were found between the two treatment groups on demographic variables. A good retention rate of 75% over the year occurred for children, and 83% for parents.

The child-focused intervention prioritised the psychological and relational elements of parents’ separation, and the making of parenting arrangements that would best support the developmental needs of the children. Their children were not seen for the purposes of the mediation. The average length of time spent with both parents in this intervention, including intake, was 5.1 hours.

The child-inclusive intervention shared the same intent and approach, but also involved a brief direct assessment of children’s experiences of the separation and of their relationships with each parent. The children’s material was carefully formulated and considered with parents, and core themes incorporated into their negotiations. The average duration of this intervention with parents, including intake and feedback of the children’s material, was 6.2 hours, plus a separate 1.5 hours with children.

Extensive repeated measures data were collected from parents and children prior to mediation commencing, and then again three and twelve months after the conclusion of mediation.

Outcomes common to both groups

Entry into mediation was a point of high risk for both groups of families. Both parents reported high to very high current acrimony with their former or soon-to-be-former partner and a low rate of resolution of disputes. Their children reported still higher rates of conflict between parents. Of concern, one third of children aged 5 to 16 were in the clinical range of psychological symptoms at the time of intake, on parent report.

Significant and enduring reduction in levels of conflict occurred for both groups in the year since mediation. The majority of parents reported improved management or resolution of the initial disputes that had brought them to mediation. Across all ages, children in both interventions perceived less frequent and intense conflict between their parents and better resolution of it, with a significant lowering of their own distress in relation to parental discord.

Outcomes unique to the child-inclusive intervention

No isolated effects were evident for the child-focused intervention at either the three or twelve month follow up points. In contrast, the child-inclusive intervention was associated with a number of effects not evident in the other treatment group. These effects were strongest for fathers and for children.
One year post intervention, repeated measures analyses showed significantly better outcomes for the child-inclusive group in the following areas:

- lower acrimony in fathers in relation to their former spouses;
- greater improvement in the parental alliance for fathers;
- children’s experience of improved emotional availability of their fathers and greater sense of closeness to him;
- greater contentment by children with care and contact arrangements, and less inclination to want to change them;
- greater satisfaction of fathers with care and contact arrangements of their children, despite initially lower levels of overnight contact than the child-focused fathers;
- greater stability of care and contact patterns over the year; and
- preservation or improvement of the mother-child relationship, from the perspectives of both mother and child.

**Durability of agreements and litigation patterns**

Agreements reached in the child-inclusive intervention were significantly more durable and workable over a year, as rated by mothers and fathers. Of those cases with no prior Court involvement, child-inclusive parents were half as likely to instigate new litigation over parenting matters in the year after mediation than were the child-focused parents.

**Considering the difference in outcomes**

Three unique change mechanisms were identified for child-inclusive parents and children:

1. *The wake-up call.* The immediacy and intimacy of material created by the child consultation process meant that parents were frequently ‘moved’ in a lasting way by the feedback they heard from and about their own children. The “wake up call” to these parents, to alter their behaviours around their children and their attitudes about their previous partner, was direct, compelling and impactful. Although both interventions actively focused parents on their children's responses to their conflict and their needs in post-separation re-structure of the family, discussion about children and parental cooperation was necessarily generic in the child-focused intervention, because the children’s direct experiences were not obtained for mediation purposes. In this light, the power of parental projections and inaccurate assumptions about their children and about their relationship with each parent, had greater license to continue unchecked through the child-focused intervention, and resulting arrangements in that group could be tailored, at best, to what parents ‘believed’ their children needed.

2. *A level playing field for fathers.* The perceived “fairness” of the child-inclusive intervention was notable for fathers. Through the father’s eyes, this intervention often functioned to remove the mother from the psychological role of “gatekeeper” of the information about their children. As such, in negotiations around his children’s needs, this created the experience of a more level playing field for the child-inclusive father than for the child-focused father. The child-inclusive fathers and mothers appeared able to listen to views that sometimes did not support their own argument, when these views came from their children and were conveyed empathically by an independent specialist. Fathers in particular described the feedback session about their children as valued and transformative.

3. *Developmentally correct arrangements.* Through a sharpened focus on each of their children's emotional and stage specific needs in the child-inclusive treatment, parents’ agreements tended to favour stability of residence, and improved attachment relationships. Fathers in the child-focused treatment initially obtained significantly higher rates of overnight contact, which were then subsequently reduced over the course of the year, often through litigation. Fathers in the child-inclusive intervention tended to agree to maintenance of overnight contact rates, rather than driving for their “equal share”. Of interest is the finding that these fathers were also substantially more content with the care and contact arrangements than fathers in the child-focused group, and that they reported closer relationships with their children. The findings suggest that the child-inclusive intervention assisted parents to create ‘developmentally correct’ agreements, tailored to the core experiences of their children, and made it easier to resist arrangements tailored to any sense of adult entitlement.

**Children’s mental health outcomes**

Children’s overall mental health tended to improve over the year after intervention, although 21% of children remained in the clinical range, in contrast to about 15% in the general population. The combination of factors that best accounted for children’s poor mental health outcomes over the year were their father’s low education, high parental conflict, shared care and the experience of poor emotional availability in their mother. The findings suggest that the children whose emotional health suffered most were those for whom shared care posed a developmental risk;
namely younger children whose parents remained in high conflict, with poor cooperation and regard for each other, and where a poor relationship between mother and child was mutually reported.

Characteristics of poor progress

Both treatments had less success with long-term high conflict cases, and parents with serious mental health issues. Findings support a careful screening of the entrenched and high conflict spectrum, aiming to divert parents in extreme conflict into tailored, longer-term therapeutic interventions with the family. The data suggest a strong need for close screening of personality and prodromal mental health symptoms at intake. Findings overall support inclusion criteria for both interventions that are capacity based, i.e. based around the ability of a parent to usefully participate and consider alternate and at times ego-dystonic information, rather than adhering to criteria based on the presence or absence of specific issues.

Implications for targeting the child-inclusive intervention

The child-inclusive intervention showed a differential capacity to bring about more durable and workable agreements with parents presenting with low alliances, or poor mutual regard and cooperation, than did the child-focused intervention. Parents presenting with undamaged or adequate alliances reported similar levels of progress across the two groups.

Conclusion

While both the child-focused and child-inclusive dispute resolution interventions led to reduction in parental conflict, findings of this study suggest an enduring level of relationship repair unique to the child-inclusive approach.

Significant changes in the quality of dyadic relationships were evident across the year, between former partners, and between each parent and their child/ren. From the children’s perspective, the child-inclusive intervention was associated with closer relationships with their fathers, and more emotionally available care from their mothers. In this light, the data point to the potential of the child-inclusive intervention to target the crucial public health issue of children’s emotional wellbeing post-separation, through a consequent effect of improved parental relationships.

The data also point to the importance of the developmental and relationship context around care and contact arrangements. In keeping with other findings in this study, the data suggest that substantially shared care is an arrangement best determined by the capacity of parents to exercise maturity, to cooperate and to embrace the developmental needs of their children, and to provide each child with emotionally available parenting in a climate of low conflict.

In all, this research provides evidence to support the further development and application of child-inclusive, therapeutically oriented mediation. The method offered separated families a significant level of repair to the parental relationship, and to children’s sense of their parents’ availability, and produced developmentally sensitive agreements, with which parents and children remained more content, over the year since mediation.

It is important to note, however, that the findings of this study cannot be generalised to other models of child-inclusive mediation, and careful guidelines around training and practice competency are necessary to ensure the ongoing fidelity of this intervention.

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The early bird gets the worm!

To learn about forthcoming conferences and events, the latest research and new publications from the Clearinghouse, subscribe to the email alert service, AFRC-alert, at www.aifs.gov.au/afrc/elists.html
There has been a recent renewal of interest in the importance of the early years of life on a child’s later physical, emotional and intellectual development (Stanley, Prior & Richardson, 2005; Vimpani, Patton & Hayes, 2002). Accordingly, there has been growing recognition of the social and economic benefits of intervention initiatives implemented early in life, with a number of programs targeting young children and families successfully preventing or limiting the development of later adverse outcomes (Fish, 2002; Vimpani, Patton, & Hayes, 2002).

These developments have led to many Western governments recently introducing initiatives to assist young children to make the best possible start to life. The UK Government’s Sure Start initiative is one such example, and is the focus of the reviewed article.

What is Sure Start?

Sure Start Local Programmes (SSLPs) aim to reduce child poverty and social exclusion by enhancing the ‘life chances’ of children under four living in socially disadvantaged areas in England, through the provision of a wide range of child- and family-focused services (National Evaluation of Sure Start (NESS) Team, 2005a; 2005b). The first SSLPs commenced in 1999 and 524 were in existence by 2004 (NESS Team, 2005b).

Several features of this initiative are innovative. Firstly, rather than focusing exclusively on disadvantaged families, an area-based approach is utilised, whereby all families with a young child living in a selected, disadvantaged area are eligible for inclusion, regardless of income level. Secondly, a ‘curriculum’ of services is not prescribed. While each area is expected to provide a common set of essential services,1 they are expected to supplement these with tailored services that address specific local needs. Thirdly, to maintain flexibility and responsiveness, and facilitate the long-term uptake of services, SSLP areas are not required to extensively document the programs undertaken (NESS Team, 2005a; 2005b; Rutter, 2006).

The evaluation

In November 2005, a series of reports were released presenting preliminary findings from an evaluation of Sure Start. These findings were reviewed and critiqued in a recent article by Professor Michael Rutter, an internationally renowned psychiatrist and researcher, and a member of the NESS Advisory Committee.

Rutter begins by noting that some elements of Sure Start hinder its effective evaluation. The lack of program specification and documentation is a major obstacle. Furthermore, a random allocation design2 is not used to select the areas that receive SSLPs. Hence, randomised controlled trials (RCTs), widely regarded as the ‘gold standard’ for evaluations, are not possible.3

Nevertheless, despite these limitations, Rutter observes that the evaluation performed was very thorough. It involved the collection of extensive information on randomly selected nine-month-old and three-year-old children and their families who were living in 150 SSLP communities and 50 comparison communities,4 three years after the SSLPs were initiated. Information was collected during home visits through a variety of means, including maternal reports, observations and child developmental assessments (NESS, 2005a; Rutter, 2006).

1 SSLPs are expected to provide five core services: “1) outreach and home visiting; 2) support for families and parents; 3) support for good quality play, learning and childcare experiences for children; 4) primary and community health care and advice about child health and development and family health; and 5) support for people with special needs, and helping access to specialized services” (NESS Team, 2005b, p. 2).
2 Such a design would have involved randomly selecting areas to ‘treatment’ (provision of services) or ‘control’ (no provision of services) conditions.
3 RCTs are commonly used in the fields of medicine and economics (Leigh, 2003; Moffitt, 2003), and many consider them the most robust means of evaluating program effects, as they eliminate social selection biases (Leigh, 2003; Rutter 2006).
4 Communities that were chosen to receive Sure Start at a future date.
Some key findings

When the SSLP and comparison areas were contrasted on child and family outcomes, surprisingly, there were no significant differences on child health and behaviour. There were a few significant differences found for other factors. For families with 9-month-old children, mothers living in SSLP areas less frequently reported home chaos. For families of 3-year-old children, mothers in SSLP areas were observed to be more accepting parents, but tended to rate the area in which they lived more negatively.

A closer examination of the 150 SSLP areas revealed a number of aspects of SSLP implementation which influenced SSLP effects. For families with 9-month-old children, higher father involvement and more positive maternal perceptions of area quality were evident in areas in which SSLPs were led by health agencies. Likewise, more supportive parenting was found in areas in which a high proportion of families of infants were engaged in Sure Start programs. Health-agency leadership also appeared important for families of 3-year-olds, being associated with lower rates of child accidents and higher maternal ratings of area quality. Higher maternal ratings of area quality were also observed in SSLP areas led by local authorities.

A third set of analyses investigated whether SSLP effectiveness was related to family characteristics. Several connections were evident, but only for families of 3-year-olds. Worryingly, there were indications of adverse effects for some of the most disadvantaged families. Thus, children of teenage mothers living in SSLP areas tended to have lower verbal ability, lower social competence, and more behavioural problems than children of teenage mothers from non-SSLP areas. Similarly, SSLP children living in single-parent households or households in which both parents were unemployed tended to have lower verbal ability. Conversely, there appeared to be small beneficial effects for children of non-teenage mothers in SSLP areas by comparison with their counterparts from non-SSLP areas (less behaviour problems, higher social competence, less negative parenting). (NESS 2005a; Rutter, 2006).

Why might such trends be found?

While unexpected, Rutter believes that these early findings are valid, as the evaluation undertaken was extremely rigorous. However, he does offer some plausible explanations as to why so few significant effects were found. For instance, it took time for the SSLPs to be fully implemented, hence there may have been insufficient time for some program effects to become evident. Furthermore, the evaluation employed cross-sectional analyses (comparisons at a single point in time) rather than longitudinal analyses (comparisons at multiple time points). Rutter notes that the latter are superior for detecting program effects.

In terms of the controversial finding that SSLPs may have had adverse effects for particularly disadvantaged families and beneficial effects for relatively less disadvantaged families, Rutter points out that similar trends were found with the Early Head Start program in the US (see Love et al., 2002 for more details). He suggests that individuals with greater personal resources may be better able to take advantage of interventions available, and that disadvantaged families may find the increased attention created by such initiatives stressful and intrusive (NESS Team 2005a; Rutter, 2006).

Lessons learned

A number of important lessons can be taken from the Sure Start experience. These centre on the need for careful planning, both in terms of the nature of the intervention, and its evaluation. For instance, Rutter highlights the importance of an explicit program and systematic implementation in allowing evaluators to determine which aspects of a program are effective and which are not. He also emphasises the need for both targeted and universal interventions, as different subgroups often have different intervention needs.

In terms of evaluation, Rutter believes that where possible, an intervention’s efficacy should be thoroughly pre-tested and evaluated before large-scale multi-community initiatives are undertaken. He also advocates the use of randomised controlled trials (RCTs) over other methods. Further, he notes that long-term evaluations are needed for programs which aim to have long-term effects, and suggests that generalisability be evaluated through the replication of findings in different contexts.

Is Sure Start effective?

In response to the article’s central question, Rutter concludes that it makes little sense to ask whether Sure Start is effective, as Sure Start comprises a ‘family’ of programs rather than being a distinct program with a definable intervention strategy. While the preliminary findings suggest that SSLPs do contain some useful initiatives, they also
imply that some elements of these programs may be having a harmful effect. However, given the design limitations noted earlier, it may prove difficult to identify these elements.

He also notes a limitation of area-based approaches such as Sure Start, in that many highly disadvantaged families are excluded as they do not reside in areas selected for intervention.

Rutter makes a number of recommendations on how Sure Start could be improved. These are inspired by the series of nurse home visiting programs conducted by David Olds and colleagues (see Olds, Henderson, Kitzman, Eckenrode, Cole & Tatelbaum, 1999). Suggested improvements include: combining universal and targeted approaches, using appropriately skilled staff who will be trusted and respected by participants (possibly nurses), adopting a health focus, and incorporating flexibility alongside an explicit, detailed curriculum.

For more information on the National Evaluation of Sure Start or to access the reports published by NESS visit: www.surestart.gov.uk/research/evaluations/ness

References


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Family statistics and trends

Getting married: Trends in choice of celebrant

LIXIA QU AND ROBYN PARKER

Over the last century there has been a significant shift in the choice of a celebrant for marriage ceremonies. An increasing number of couples are now turning to a civil celebrant to conduct their marriage ceremony. This trend is depicted in the accompanying figure.

- In 1908 almost all marriages (97 per cent) were performed by ministers of religion; civil celebrants performed only 3 per cent.
- From 1908 to the 1960s the proportion of marriages performed by ministers of religion declined slightly as the use of civil celebrants gradually increased. In 1969, ministers of religion performed 89 per cent of marriages while marriages conducted by civil celebrants accounted for 11 per cent.
- Since the late 1960s the number of marriages performed by civil celebrants has surged dramatically.
  - In 1977, civil celebrants conducted one third of marriages.
  - In 1999, for the first time, marriages performed by civil celebrants outnumbered marriages carried out by ministers of religion (51% vs 49%).
  - In 2005, this trend has continued, with 60 per cent of marriages being performed by civil celebrants compared with 40 per cent by ministers of religion.

The choice of marriage celebrant varies across the states and territories and appears to be affected by whether a couple was living together before getting married.

- Across the states and territories, civil marriage ceremonies are most common in the Northern Territory (74%), followed by Tasmania, Western Australia and Queensland (65%). At 55 per cent, NSW had the lowest proportion of civil marriages.
- Cohabiting couples are twice as likely to have a civil marriage ceremony than couples living separately (67% compared with 33%).

Furthermore, as outlined by the ABS (2006), when a religious celebrant is chosen to perform a marriage ceremony, the rites are most commonly Catholic (33%) or Anglican (19%).

- Of marriages performed by a religious celebrant, Catholic ceremonies are the most common in all states and territories except Tasmania. In Tasmania in 2005, 29 per cent of ceremonies were performed by an Anglican celebrant and 24 per cent by Catholic ministers.

Category of celebrants, 1908–2005

Sources: ABS. (various years). Marriages and divorces Australia (Catalogue no. 3310.0); ABS. (2006). Marriages Australia 2005 (Catalogue no. 3306.0.55.001).

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“What’s it going to take?” to ensure young people’s health was the key theme of the 5th Australian and New Zealand Adolescent Health Conference. Although morbidity and mortality in this age group is largely preventable, young people’s health appears to have recently slipped off the political and social agenda. Because of their age, young people are seen as naturally healthy, and as a result, health initiatives for this age group are often underresourced. The conference aimed to redress this imbalance, with a focus on the themes of: risk and protective factors; neurobiology of the adolescent brain; family, community and cultural influences; impact of media and technology on young people; research, policy and practice responses.

The conference was divided into two parts. The first two days focused on a number of keynote addresses, workshops and presentations, and the final day focused on paediatric and GP training. Young people were an active and present part of the conference, and provided some outstanding highlights.

Professor Victor Strasburger, Chief of the Division of Adolescent Medicine at the University of New Mexico School of Medicine, Albuquerque, presented the opening plenary keynote address. Professor Strasburger is a well-known authority on the impact of media and technology on young people’s health. His presentation drew on a range of media clips to highlight the trivialisation of sex, depiction of violence and impact of advertisements on drinking and eating behaviour in young people.

According to Professor Strasburger, paediatricians need to be more aware of the impact of media on children and young people. Two simple questions were suggested as additions to any paediatric assessment:

- How much time does the young person spend per day using different types of media?
- Is there a television in his or her bedroom?

Violence in the media is a commonly discussed issue, and Professor Strasburger pointed out two key concerns in recent years regarding the depiction of violence on television: movies and other programming becoming more violent to meet the needs of a desensitised audience; and the level of ‘justifiable violence’, or violence that is acceptable as long as it is payback for wrongdoing. He described the strength of the relationship between media and violence as being similar to the relationship between smoking and lung cancer, and yet he described the media as one of the most easily remediable causes of violence.

Professor Strasburger highlighted the positive aspects of the Internet, including ease of access to a range of information regarding endless topics. He discussed the availability of pornography, and that researchers in the US had suggested a simple solution to the ease of access to pornography – a dot xxx domain (www.sitename.xxx). Unfortunately, the US Internet Regulator voted against the agreement to introduce the domain. One of the problems is that existing sites would have been under no obligation to change their domain address under the agreement (for more information see www.electricnews.net/news.html?code=9686243).
One of the main responses to the impact of media on young people’s health and wellbeing was to ‘immunise’ children against the effects by engaging in ongoing discussions with children and young people, parents and school staff. Attitudes to violence are shaped when a child is young, and they can be very difficult to change.

He praised Australia for its mandatory media literacy curriculum in schools.

Professor George Patton, Director of Adolescent Health Research, Murdoch Children’s Research Institute, discussed recent research that highlighted the growing mismatch between biological and psychosocial transitions in adolescence. The maturation of the prefrontal cortex, responsible for impulse control, planning and emotional regulation, is not necessarily complete until the late teens/early twenties. In contrast, the age of onset of puberty has declined over the past few generations. In our society, ‘adult’ problems are more commonly occurring from puberty onwards, and delayed brain maturation may result in a lack of psychosocial skills to deal effectively with these issues. As a consequence, behaviours such as deliberate self-harm are on the increase in age groups such as 14–15 year olds.

Professor Patton maintained that, up to the 1990s, the gap between adolescent socialising and ‘maturing out’ (that is marriage, mortgage and children) was approximately six years. In the mid-2000s, it is closer to 15 years. Youth health professionals need to be aware of this and work to ‘slow track’ adulthood as much as possible, to give biology a chance to catch up.

There were a number of interesting and engaging presentations that involved young people at the conference. Rosie Swanton, from the Inspire Foundation, talked about the importance of youth participation in programs and services. The reasons for involving young people included the changes that occur between generations, young people’s knowledge of their own culture and the fact that negative portrayals of youth in the media should not influence people’s perceptions. Practical suggestions for involving young people included input into the design of physical spaces, websites, etc., and having faith in them and placing value on their input. Specific suggestions for general practitioners included providing teen-friendly magazines in the waiting room, smiling and talking to young people and getting them to tell their friends about good doctors.

Several other workshops and presentations concentrated on a range of issues impacting on young people’s health and wellbeing, and responses to these issues. Papers and powerpoint presentations from the conference can be downloaded from www.youthhealth2006.org

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AFRC publications

The Clearinghouse publishes quality resources for providers of family relationship and support services, policymakers, and members of the research and broader communities. All Clearinghouse publications are electronic.

Family Relationships Quarterly

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All publications are available for free download from the AFRC website at www.aifs.gov.au/afrc/pubs/pubs.html
The impact of chronic illness on relationships in early adulthood: A comparison study between healthy and arthritic young adults

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While engaging in romantic relationships is regarded as a normative task during young adulthood, non-normative life events such as the emergence of chronic illness can mitigate against the successful negotiation of such tasks. Chronic illness brings with it a series of additional challenges and stressors to the realm of personal relationships that are thought to interrupt the development of normative interpersonal and intra-individual processes. However, few studies have examined how young adults faced with a chronic illness such as arthritis navigate romantic relationships and the consequences of illness and relationships on psychological adjustment. The aim of the study was to compare the relationship experiences of healthy young adults with those faced with arthritis. One hundred and nine young adults (M 23.01 years, SD 2.43) took part in the study. Of these participants 41 had been diagnosed with arthritis. A univariate MANOVA revealed arthritic young adults reported significantly more insecure attachment, lower levels of readiness for intimacy, and poorer relationship satisfaction compared to healthy young adults. Further correlational and regression analyses on the arthritic sample revealed psychological adjustment was related to arthritis severity, attachment and components of coping. Findings will be discussed in relation to attachment theory and coping processes.

Relocation and the impact on children’s relationships

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Australian Bureau of Statistics data on divorce reveal that in 2004 52,747 divorces were granted, and 49% (26,289) of these involved children. In 6,904 divorces, both parents were born overseas; in 14,375 divorces at least one party was born overseas. It is not surprising that a significant number of children may be affected by a parent’s decision to move either within Australia or overseas. In legal terms these matters are called “relocation cases”. This issue is controversial and confronting for counsellors, court mediators and legal practitioners on both a personal and professional level. A parent’s bid to live at distance from the other parent entails consideration of competing human rights and needs. There is an “essential tension: between the child’s right to have a relationship with a contact parent and the child’s interest in ordinarily living with a resident parent who is happy and not “imprisoned” in a place the parent does not want to be”. In addition, competing rights, gender issues and interest of other new family members complicates the determination and the balance of children and their relationships near and far. This paper will address the competing issues and consider ways of building sustainable relationships near and far.

Adoptees’ relationship experiences post-reunion: Exploring the effects of interactions with biological relatives

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Recent changes in adoption legislation and practice have provided adoptees with greater opportunities to search and be reunited with birth relatives. A thorough understanding of the relationship experiences an adoptee may
encounter post-reunion is critical for counsellors seeking to provide support for adoptees during these search and reunion experiences. This paper examines the relationship benefits and difficulties associated with the broadening social network after a reunion. As part of a larger study, 57 adoptees were interviewed about their adoptive experiences and interpersonal relationships. Thematic analysis revealed several major themes associated with adoptees' reunions: (a) potential issues in adapting to a new family, (b) difficulties experienced when attempting to negotiate family roles and set boundaries between family members, (c) positive and negative interactions between adoptive and biological families, and (d) benefits and difficulties that can affect significant others (e.g., romantic partners, children). Open communication, compatible personalities, and supportive adoptive parents were factors promoting a beneficial environment for adoptive and biological families post-reunion. Conversely, strong loyalties to the adoptive family, secrecy or withholding information about the reunion, and different needs or expectations of family members created difficulties within the broader social network. Recommendations for adoption practice and counselling will be discussed.

Openness and secrecy in adoptive families and possible effects on the interpersonal relationships of adult adoptees

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The aim of the current study was to investigate the possible impact that openness and secrecy within adoptive families can have on the interpersonal relationships of adult adoptees. As part of a larger study, 144 adoptees completed a variety of relationship measures and questionnaires tapping openness/secretcy and parental characteristics within their adoptive families. Participants whose adoptive families were more open and honest tended to be closer to their adoptive parents and report that their parents had been more caring and less controlling. In contrast, those whose adoptive families were more secretive scored higher on measures of social and family loneliness, avoidant and anxious attachment, and risk in intimacy. Fifty-seven of the participants were interviewed further about their adoptive experiences and interpersonal relationships. Thematic analysis indicated that openness in adoptive families was helpful in providing adoptees with a model for their own interpersonal relationships and also in assisting adoptees with identity, search, and reunion issues. Conversely, secrecy in adoptive families often led to difficulties in relationships within the adoptive family and general identity and trust issues. Secrecy also seemed to impact negatively on search and reunion experiences. The implications of these findings for adoption practice and counselling will be discussed.

Self-regulation in couple relationships: The influence of attachment insecurity and attributions for negative partner behaviour

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A growing body of evidence is emerging to suggest that self-regulation in intimate relationships is important for the relationship to be deemed satisfying. It is unclear, however, if successful self-regulation can occur if the relationship is influenced by factors such as attachment insecurity and maladaptive attributions, both of which have been found to reduce relationship satisfaction. The present study sought to test if attachment insecurity is associated with self-regulation in intimate relationships, and the extent to which this association is mediated by maladaptive attributions. Fifty-nine couples completed self-report measures of attachment, relationship attributions and self-regulation. As predicted, the significant association between attachment insecurity and self-regulation was partially mediated by individuals’ attributions for negative partner behaviour. It is worth noting that female attachment insecurity in general, and female avoidant attachment in particular, emerged as a key predictor of both male and female self-regulation, adding support to the notion that female attachment insecurity is of key importance for couple relationships.

Gender differences in the intergenerational transmission of relational commitment

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Using a conventional sample of 180 university students, this paper addresses the issue of intergenerational transmission of relational commitment. In most of the studies, commitment was seen only as determined by factors temporarily simultaneous with the relationship and not as determined by the experiences learned or witnessed in the family of origin or in other relational contexts. Even the studies that investigated the intergenerational transmission of commitment attitudes, focused only on the messages transmitted from parents to children and did not look
at the way commitment-related behaviours are learned in the families of origin and then expressed in romantic relationships. Additionally, the possible effects of parental happiness on young adults’ commitment levels and on the way they think, act, and feel about commitment were mostly ignored. Therefore, the present study attempts to answer the following question: How do parents’ level of happiness, commitment-related behaviours and messages influence young adults’ level of commitment, commitment-related behaviours and emotions? Results indicate that young adults’ level of commitment and their ways of expressing commitment are influenced by parents’ level of happiness and behaviours, when controlling for parental relational status. However, the effects are differentiated for males and females.

Cracking the code of healthy relationships: Parent Effectiveness Training (PET) as a valuable resource for communities.

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Eminent researchers in Australia are calling for a re-think in the way we are raising our children. One author suggests radical changes in the way we view the needs of children and young people in this country. Among revised economic priorities are valuing parenting and an emphasis on prevention rather than cure. Competent emotional training is fundamental in building strong relationships and producing families who are in control rather than controlling. Parent Effectiveness Training (PET), based on a Theory of Healthy Relationships, is a course originally aimed at prevention in dealing with family problems, and delivered here in various communities by intensively trained, authorised instructors. Improved listening skills, emotional self-regulation and non-antagonistic assertiveness on the part of PET parents have been shown to make significant improvement in family problem solving as well as reduce parental stress compared with controls. Given an increased understanding of the value of these skills in emotional competence and conflict resolution, their dearth at home and in wider communities, this paper calls for a government re-assessment in way of making either PET or behavioural programs a real choice for parents.
Effects of parental conflict on children


Children have largely been absent from or on the periphery of mediation processes in post-separation parenting disputes. An accompanying paper (Moloney and McIntosh, pp. 71–86) canvases a number of reasons why this may be the case. Moloney and McIntosh draw a distinction between child-focused and child-inclusive practice, provide a definition of both, and argue that the time is now right for child-focused mediation to become the minimum yardstick by which practice is measured. Child-inclusive practice, on the other hand, more formally fulfils the aspirations of the United Nations Convention on the Rights of the Child (and statements from similar bodies) that children should be consulted when decisions about their welfare are being made. Further, child-inclusive practice (as defined in Moloney and McIntosh) allows for consultation without placing the burden of decision making on the child. The present paper goes on to describe a current prospective study of outcomes for families utilising these two different forms of mediation: child-focused and child-inclusive. Over 12 months, the study follows the pathways of individual adjustment and parental alliance for families across the two forms of intervention, addressing whether and in what cases a child-inclusive mediation process enhances post-separation family outcomes. (Journal abstract)


This article considers two transcripts, illustrating that children are often wiser than we imagine. The transcripts also reveal that tapping into this wisdom involves considerable openness and skill on the part of the adult listener and brings with it a considerable degree of adult responsibility. This, in turn, has implications for child-inclusive practice in post-separation mediation. (Journal abstract)


This paper sets out descriptive baseline data on the first 111 Australian families participating in a current study of the efficacy of child-focused and child-inclusive Family Law Mediation. The families come from the first of two treatment groups in that comparative study. While outcome data are not yet available on this group, the baseline data, gathered prior to intervention, are of interest and value. The paper describes the nature of parents’ conflict with each other, the strength of their parental alliance, and the psychological functioning of their children at the time of presentation to the mediation service. High mental health risk for the children in these families is evident, both from parents’ and children’s perspectives. Uniquely, the paper includes the perceptions of 73 children about their parents’ conflict and its impact on them. Implications are discussed, underscoring the imperative of early intervention with separating families that includes screening of the children’s experience of conflict and their own needs for recovery. (Journal abstract)


It is now accepted that parental conflict can be more damaging to children than divorce. This publication summarises recent research in this field, looking particularly at the impact of long term parental conflict on the development of children and their ability to deal with separation. This current research draws in social learning, family systems, trauma, and cognitive and developmental theories.


Do adolescents respond differently to marital conflict in the family according to whether or not the conflict involves them? Are they able to distinguish between constructive and destructive marital conflict? This article discusses a recent University of Queensland Family Centre study that used an analogue methodology to explore adolescents’ reactions to marital conflict. Participants in the Marital Conflict and Adolescents Analogue Study were from 55 intact families with at least two adolescent children between the ages of 12 and 16. Discussion includes ratings of typicality, stressfulness, likelihood of resolution, emotional reactions, behavioural reactions, sex differences in adolescents’ responses, and differences between parents’ and children’s responses.
Research indicates that divorce can have an impact on the wellbeing of the children concerned, particularly their mental health. This article looks at baseline data on 111 Australian families gathered prior to their participation in child-focused Family Law Mediation as part of an on-going Australian study. Data gathered includes the nature of parents' conflict, the strength of their parental alliance, and the psychological functioning of their children at the beginning of the mediation process. The larger study aims to establish which form of intervention has the most benefits for families. (Journal abstract)


This longitudinal study explores the theory that children of high conflict parents who remain together and children of low conflict parents who separate are comparatively more poorly adjusted as adults and less successful in their adult intimate relationships. It also explores the ability to predict these adolescents’ adjustment from their reports of family harmony. The subjects were interviewed at 13 to 16 years of age and then ten years later. In the first stage of the study the parents and adolescents rated family conflict, and the self image, anxiety and depression of the adolescents were measured. In the second stage these measures were repeated, and their feelings on intimacy and relationships and family conflict were included.


This study investigated the relationships among marital conflict, perceptions of parents, and parenting styles perceived by adolescents. Subjects were 172 high school and university students aged 16 to 19 years. Subjects were given a questionnaire containing The Conflict Scale, Parenting Styles Scale, and Perceptions of Parents Scale. Results indicated that total marital conflict scores correlated with negative perceptions of mothers and fathers and with authoritarian, neglectful, and permissive parenting. Marital conflict correlated positively with negative perceptions of mothers and fathers and negatively with positive perceptions of parents. Mediation analyses revealed that neglectful parenting was a partial and sometimes full mediator in the relationships between perceived marital conflict and perceptions of parents. Neglect was a full mediator in the relationship between perceived marital conflict and both positive and negative perceptions of mothers. Neglect was a partial mediator in the relationship between perceived marital conflict and positive perceptions of fathers. This suggests that marital conflict may be consuming parents’ emotional resources, leading to neglectful parenting and low support, which in turn contributes to adolescents holding negative perceptions of parents. These findings might contribute to education programs for addressing the negative effects of marital conflict and its impact on the perceptions children hold of their parents. Awareness of these influences may minimise the harmful family relationship effects of marital conflict. (Journal abstract)
Conferences and events

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The following list of forthcoming conferences is taken from the Conferences and Events page on the Australian Family Relationships Clearinghouse website. For the latest entries, visit www.aifs.gov.au/afrc/conferences.html

Borders and Bridges

The second Australian College for Child and Family Protection Practitioners National Conference aims to provide a forum for discussing the issues that are shaping contemporary practice and career landscapes. The theme reflects the broad contexts of Australian child and family practice. The conference will be of interest to workers from government and non-government child and family support services sectors, professionals interested in the health and wellbeing of Australian children, and professionals interested in sharing information on the delivery of child and family protection services, workforce, research, policy development and service reviews.


AFCC 44th Annual Conference—Children of Separation and Divorce: The Politics of Policy, Practice and Parenting

The Association of Family and Conciliation Courts (AFCC) is an interdisciplinary and international association of professionals dedicated to the resolution of family conflict. AFCC and its members have influenced the practice of family law, mediation, custody evaluation and parent education more than those of any other organisation. The Annual Conference convenes the innovators, thinkers and reformers. Participants network, share ideas, and interact with the experts on children and families. The conference features nearly 70 sessions on the latest topics that impact children and families of separation and divorce and more than 150 presenters from Canada, Taiwan, United Kingdom, Germany, Australia, New Zealand and the United States.

Further information: www.afccnet.org/conferences/afccconferences.asp

Australian Social Policy Conference

“Social Policy through the Life Course: Building Community Capacity and Social Resilience” is the theme for this conference, which encapsulates two interrelated issues in social policy. The first concerns life-course transitions, including the diverse challenges and opportunities which people experience within their age, gender, social, economic and cultural contexts. The second focuses on identifying the interconnections between social investment policies, services and programs that build both community capacity and social resilience for individuals situated within their social networks.

Further information: Web: www.sprc.unsw.edu.au. Phone: (02) 9385 7802.

HILDA Survey Research Conference 2007

This conference aims to provide a forum for the discussion of research based on the Household, Income and Labour Dynamics in Australia (HILDA) Survey. Attendance at the conference is open to all persons interested in the HILDA Survey and longitudinal survey research.


SNAICC National Conference 2007—For Our Children

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is presenting this conference for service providers, policy makers, researchers and others focussed on the needs of Aboriginal and Torres Strait Islander children and families. It will focus on practical approaches to working with children, families and communities from Aboriginal and Torres Strait Islander backgrounds, and include local, national and international perspectives on best practice in responding to Aboriginal and Torres Strait Islander communities’ diversity and competing needs.