Australian Institute of Family Studies

The Institute is a statutory authority that originated in the Australian Family Law Act 1975. It was established by the Australian Government in February 1980. The Institute promotes the identification and understanding of factors affecting marital and family stability in Australia by:

- researching and evaluating the social, legal and economic wellbeing of all Australian families;
- informing government and the policy-making process about Institute findings;
- communicating the results of Institute and other family research to organisations concerned with family wellbeing and to the wider general community; and
- promoting improved support for families, including measures that prevent family disruption and enhance marital and family stability.

The objectives of the Institute are essentially practical ones, concerned primarily with learning about real situations through research on Australian families.
Henryk Szydlowski
Night in the Honey Eaters Valley
Oil painting on canvas, 75 × 60 cm
Courtesy of Gunyulgup Galleries
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The past few months have been busy for the Institute, with some notable achievements. These include: strengthened international links, especially with the New Zealand Families Commission; completion of key publications such as fact sheets for National Families Week and to mark our 30th anniversary, and In the Driver’s Seat II, the latest follow-up study of the driving behaviour of young adults, based on analyses of Australian Temperament Project (ATP) data; and our recent biennial conference.

2010 AIFS Conference

From 7–9 July, the Institute held the 11th AIFS Conference at the Melbourne Convention and Exhibition Centre. In this 30th anniversary year, the conference was the focus of our celebrations of a major milestone in the life of the Institute. To mark the occasion, the Parliamentary Secretary to the Prime Minister, the Hon. Anthony Byrne MP, launched Families Then and Now: 1980–2010, an extended fact sheet that explores Australian family trends from the 1980s to the present.

The Hon. Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs, delivered the official opening address. The speech focused on paid parental leave, a policy area that has been informed by the Institute’s research on work and family balance spanning its three decades. Around 450 delegates from over 100 organisations attended the event. The program included 129 oral presentations and symposia and 40 poster presentations. Unfortunately, once again, many worthy submissions could not be accommodated in the program. As for previous conferences, a selection of papers, including the keynote speeches, will be published in future editions of Family Matters and many of the presentations are available on the AIFS website <www.aifs.gov.au>.

Each day’s program started with a keynote address:

- Professor Bob Goodin, from the Research School of Social Sciences at the Australian National University, delivered a very thought-provoking speech entitled Who’s Really Time Poor?, based on his book Discretionary Time: A New Measure of Freedom.

- Professor Aletha C. Huston, from the University of Texas, addressed the topic Children in Poverty: Can Public Policy Alleviate the Consequences? and discussed issues at the heart of the current social inclusion policy focus in this and other countries.

- Professor Jane Millar, from the University of Bath, presented data from her recent studies of lone mothers and children in low-income working households in an address entitled Desperately Seeking Security: UK Family Policy, Lone Mothers and Paid Work, which highlighted comparisons between UK and Australian social policy approaches.

A plenary panel session closed each day of the conference. These stimulated lively discussions on a range of topics, including Family Law: Family Violence; Addressing Family Disadvantage; and Fair, Flexible, Family-friendly Workplaces. The panel lead speakers included Judge Peter Boshier, Principal Judge of the Family Court of New Zealand; Ms Naomi Eisenstadt CB, from the Untied Kingdom; and Ms Elizabeth Broderick, the Australian Sex Discrimination Commissioner and Commissioner Responsible for Age Discrimination. They were ably supported by eminent panelists, including Professor Richard Chisholm AM; Dr Rae Kaspiew; Ms Anne Hollonds; Patricia Faulkner AO; the Hon. Lilly D’Ambrosio MLA, Victorian Minister for Community Development; Tony Keenan, Chief Executive of Hanover Welfare, Victoria; Melinda Cilento, Deputy Chief Executive Officer, Business Council of Australia; and Ged Kearney, Incoming President of the Australian Council of Trade Unions (ACTU).

On behalf of the Institute, I would like to thank all those who attended the conference, the keynote speakers and panelists, and the presenters and delegates, who collectively ensured that this was another very valuable event. I would also acknowledge the support of the Australian Government departments of the Attorney-General (AGD); Education, Employment and Workplace Relations (DEEWR); Families, Housing Community Services and Indigenous Affairs (FaHCSIA); and Prime Minister and Cabinet (PM&C); as well as the Victorian Department of Planning and Community Development (DPCD) and the many other organisations who contributed by taking exhibition space or providing satchel inserts.

An event of this magnitude requires many months of planning and preparation. My special thanks go to the Conference Committee, comprising Sue Tait (Chair), Dr Matthew Gray, Dr Daryl Higgins, Dr Angela Tidmarsh, Nancy Virgona, Larissa Williams, Chye Ong, Carole Jean, Brigit Maguire and Ren Adams. I would also thank all the other staff of the Institute who assisted with the thousand-
and-one tasks required in the lead-up to and throughout the conference.

Again, this year, the international keynote speakers generously agreed to participate in a series of seminars and meetings in Canberra in the week following the event. These were very well attended and received.

Reform of Australian Government administration

The recent review of Australian Government administration is another subject engaging staff of the Institute. Towards the end of April, the Institute was fortunate to have Ms Liza Carroll, Deputy Secretary, Department of Families, Housing, Community Services and Indigenous Affairs, and member of our Advisory Council, address our staff on the reform, its likely implications for the Institute and our role in supporting several of the initiatives that emerge from the review. Given her leadership role in support of the Advisory Group who undertook the review, Ms Carroll provided invaluable insights into the review and its intended outcomes. With the release of the review report, *Ahead of the Game: Blueprint for the Reform of Australian Government Administration*, it is evident that the steps the Institute has taken to engage proactively with government, research and community organisations are consistent with the proposed approach of promoting knowledge flows to enhance the innovative and strategic policy capability of the Australian Public Service. I have accepted appointment as a member of the APS200, the group that will work closely with the newly formed Secretaries Board to progress the reform of Australian Government administration.

National Families Week

National Families Week was celebrated on 15–21 May this year, timed to coincide with the UN International Day of Families on 15 May. I was again an Ambassador for the week. The event, now in its eighth year, is Australia’s major annual celebration of the importance of families. The theme for 2010 National Families Week, *The Best Start: Supporting Happy, Healthy Childhoods*, provided an opportunity for the Institute again to release a fact sheet about the role that families and communities play in giving children the best possible start to life. The fact sheet generated a considerable amount of media interest, sparking a healthy debate in the media and community about how much time fathers spend with their children.

**In the Driver’s Seat II**

On 15 April, the Institute published *In the Driver’s Seat II: Beyond the Early Driving Years*, the second report arising from the collaborative partnership between the Institute, the Transport Accident Commission of Victoria (TAC) and the Royal Automobile Club of Victoria (RACV). The report explores the driving experiences and practices of young Victorian drivers, drawing upon data collected as part of the Australian Temperament Project. This second report focused on young people’s driving behaviours at 23–24 years, with comparisons of males and females and of young people in differing occupations with differing levels of educational attainment and from urban or rural areas. It also explored the consistency of driving behaviours from 19–20 to 23–24 years; the links between drink-driving and other types of risky driving, and between risky driving and substance use; the overlaps between crash involvement, high-level speeding and fatigued driving; the influence of parents on young people’s car purchases; and the links between young drivers’ personal characteristics and their behaviours behind the wheel.

**Strengthening cross-Tasman collaboration**

In June, I travelled to Wellington to deliver the opening keynote address at the Annual Research Seminar hosted by the New Zealand Families Commission. My presentation, entitled *Research-Informed Family Policy: From Rhetoric to Reality*, co-authored with Elly Robinson, highlighted the ways in which the work of the Institute has informed policy development and practice.

I also had a series of productive meetings with research staff of the Families Commission, focusing on some of their current research priority areas, as well as a very valuable set of meetings with Acting Chief Commissioner Bruce Pilbrow, Commissioner Gregory Fortuin, and the Chief Executive, Paul Curry. As a result of these discussions, we have agreed to formalise our relationship with a memorandum of understanding (MoU) and develop an initial collaborative project.

I especially welcomed the opportunity to meet with the Hon. Paula Bennett, NZ Minister for Social Development and Employment, and Minister for Youth Affairs. I provided a briefing for the minister on the legislative base and governance model for the Institute, its origins, major research projects and its current dissemination initiatives, including its clearinghouses and key strategic priorities.
Queen’s Birthday Honours

I was very pleased to read of the following awards in the recent Honours list:

- Dr Don Edgar, our Founding Director, received a Medal in the General Division of the Order of Australia (OAM) for his service to education and to the Institute;

- Ms Glenys Beauchamp, a past member of both our Board of Management and Advisory Council, received a Public Service Medal (PSM) for her leadership in the Australian Government’s response to the Victorian bushfires; and

- Dr Judy Cashmore, a member of the Reference Group for the National Child Protection Clearinghouse and a research collaborator, was made an Officer in the General Division of the Order of Australia (AO) for her contributions to the protection of children and children’s rights.

On behalf of the Institute, I have extended our heartiest congratulations to these outstanding Australians.

The Australian Institute of Family Studies: Thirty Years On

The Fact Sheet Families Then and Now: 1980–2010, which was released at our recent conference, shows the significant changes in Australian families over the years since the establishment of the Institute. In the early eighties, some wondered whether the family would actually survive. The marriage rate was declining and more people were living together. The divorce rate had also increased dramatically when the Family Law Act came into force in 1976—the same year the fertility rate fell to below the replacement level for the very first time in this country. These fertility trends reflect the changes in family formation across the past three decades. Compared with 30 years ago, parenthood today tends to start later in life, couples tend to have fewer children, both parents are likely to be in paid employment and an increasing proportion depend on paid child care. Despite these changes, the family unit has thrived and continues to play a central role in shaping the health and wellbeing of Australians. The Institute’s role in tracking these trends and providing evidence to inform policy has grown steadily over the decades, building on the pioneering efforts of those who laid the foundations for the Australian Institute of Family Studies.

Staff movements

**Diana Smart**, General Manager (Research), retired at Easter this year, having held the reins of both the Australian Temperament Project and the Longitudinal Study of Australian Children (LSAC) since 2000 and 2004 respectively. Ms Smart is a psychologist whose professional research interests include child and youth adjustment, developmental transitions and pathways, and the fostering of social competence and social responsibility. We wish her well in her retirement and look forward to working collaboratively with her as a consultant from time to time, on a range of Institute projects.

While Diana will be sorely missed, I am very pleased to have recently appointed **Dr Ben Edwards** as the Institute’s manager of our longitudinal projects, including LSAC and ATP. Since he joined the Institute in 2004, Dr Edwards has project-managed several major studies. With his design and statistical analysis skills, and his knowledge of neighbourhood and community influences on children’s development and family functioning, I am confident that Dr Edwards will very effectively lead the LSAC team as we work to implement the next waves of this landmark longitudinal study.

**Dr Leah Bromfield**, Senior Research Fellow, has accepted a new position as Associate Professor and Deputy Director of the Australian Centre for Child Protection (ACCP) at the University of South Australia. This is a great acknowledgement of her eminence in the field. She joins Professor Marianne Berry, who will take up the position of Director of the Centre on the retirement in August of its Foundation Director, Professor Dorothy Scott.

Dr Bromfield has successfully managed the National Child Protection Clearinghouse (NCPC) since 2005, and in 2009 also took on the concurrent management of the Communities and Families Clearinghouse Australia (CAFCA). She has led the NCPC most effectively and strengthened the Institute’s collaborative networks, including with the ACCP. Dr Bromfield has helped to ensure that the NCPC enjoys a strong leadership position nationally.

We look forward to continuing our close working relationship with Dr Bromfield and her colleagues at the University of South Australia. Her many contributions to AIFS are greatly appreciated and we wish her every success in her new position. She will be greatly missed.
Violence, abuse and neglect

Leah Bromfield

This edition of *Family Matters*, themed “Violence, abuse and neglect”, brings together research in the areas of child abuse and neglect, family violence and sexual assault; three disparate fields in service delivery; and matters that are heard in three different judicial courts (Children’s, Family and Magistrates). However, these are “joined-up” problems. They frequently co-occur and are often situated within a wider context of poverty, disadvantage and social exclusion. This edition of *Family Matters* pulls together contemporary research that examines the impact of violence, abuse and neglect on children and their parents. Critically, this edition also includes research that explores the challenges for our service and judicial systems in providing responses to victim/survivors of violence, abuse and neglect and their families.

The best available estimates suggest that at some point during their childhood 5–10% of Australian children will experience physical abuse, 11% will experience emotional abuse, 12–23% will witness domestic violence, and 4–8% of boys and 7–12% of girls will experience severe (i.e., penetrative) child sexual abuse. The most recent data show that in a single year (2008–09), there were 339,454 reports to child protection services in Australia from professionals and community members who were concerned about the safety and wellbeing of a child, and more than 54,000 confirmed cases of abuse and neglect (Australian Institute of Health and Welfare [AIHW], 2010). The problems most commonly associated with the occurrence of child abuse and neglect and identified in families involved with child protection services are domestic violence, parental substance abuse, and parental mental health problems (Scott, 2009).

Domestic violence, substance misuse and mental illness are complex and frequently inter-related problems occurring as precursors to or consequences of another problem. For example, substance abuse has been identified as the most common co-morbid condition among people with a severe mental illness (Hegarty, 2004). Research also consistently indicates strong associations between domestic violence and substance misuse: drug use and heavy drinking may increase the risk of violence toward an intimate partner; and alcohol and other drugs may be used by victims of domestic violence to relieve the physical and emotional pain of abuse (Chan, 2005; Lipsky & Caetano, 2008; Thompson & Kingree, 2006). Experiencing domestic violence is itself associated with poor mental health outcomes for victims. For example, depression (33%) and anxiety (26%) were identified as the leading non-fatal health outcomes associated with the burden of disease attributable to intimate partner violence in Victorian women (VicHealth, 2004).

Trauma theory provides a useful frame for understanding these processes within the individual. For example, common symptoms of family violence (e.g., child abuse, domestic violence, sexual assault) include: anxiety; depression; being easily startled or overly fearful; anger/irritability; flashbacks, nightmares and intrusive thoughts/memories; cognitive and behavioral avoidance of traumatic reminders; out-of-body experiences and psychic numbing; and tension reduction behaviour (external methods of reducing internal tension or distress, such as self-mutilation, substance use) (Briere, 2005). These symptoms can endure for many years and can also make survivors more vulnerable to re-victimisation (Hermann, 2001). For example, the International Violence Against Women Survey found that 78% of women who were abused during childhood experienced violence in adulthood, compared to 49% of women who had not been abused as a child (Mouzos & Makkai, 2004). The effects of trauma can result in survivors being perceived as unreliable witnesses in court, which may affect their opportunities to achieve justice.

Violence frequently also occurs within a broader context of poverty, disadvantage and social exclusion. The relationship between violence and other disadvantage is multi-directional, with poverty, disadvantage and social exclusion featuring as both risk factors for and consequences of traumatic histories. For example, histories of childhood trauma frequently featured in interviews with adults who received emergency relief (such as food assistance, clothing and help with gas and electricity bills) (Frederick & Goddard, 2007). Many of the interviewees had become parents themselves, some during adolescence and early adulthood, in turn bringing challenges for these adults as parents. In this way, early life experiences can form a chain of negative effects (Frederick & Goddard, 2007), cumulating in economic hardship and social exclusion in adulthood.

Violence, abuse and neglect are prevalent within our community, and families with multiple and complex problems have become the primary client group of contemporary family support and child protection services. This edition of *Family Matters* comprises a collection of papers that are useful for informing our service and judicial responses to these issues.
Prevalence and impact

Two articles in this edition investigate the prevalence of violence, abuse and neglect in our community and their impacts on children’s outcomes. Using data from the Australian Temperament Project (ATP), Price-Robertson, Smart, and Bromfield investigate the prevalence of abuse and neglect and explore the links between supportive parent–child relationships, adverse family experiences in childhood and psychosocial outcomes in early adulthood. Kaspiew and colleagues provide a synthesis of findings from the Evaluation of the 2006 Family Law Reforms report that pertain to family violence. They examine the prevalence of family violence within the family court context and describe the findings on relationship quality where there has been family violence, and on child wellbeing in the context of such a history. While not primarily an investigation of young people’s outcomes, Moore and colleagues’ research with young people whose parents misuse substances provides insight into the impacts of parental substance misuse on young people’s outcomes.

Justice systems responses

A dominant theme within this edition is justice system responses. Five of the articles explore challenges in responding to violence, abuse and neglect within the Children’s, Family and Magistrates courts. Humphreys and Kiraly investigate issues for infants removed from their families due to abuse or neglect, where the Children’s Court has ordered high-frequency contact between infants and their parents while the baby was living with carers. Clark presents her research describing the experiences of the justice system of adult victim/survivors of child sexual abuse and/or adult sexual assault, and their perspectives of and understandings of justice. Kaspiew and colleagues examine case outcomes in the family law system for parents who report a history of family violence, and the views of relevant professionals with regard to how the system is serving such families. There are also two brief papers—by Counsel and by Caruana—describing different dispute resolution services used for separating couples who require assistance with disputes over property or arrangements for their children.

Voices of children and young people

Moore, Noble-Carr, and McArthur provide an insight into the lives of young people who have parents with a substance misuse problem, highlighting the complexity and chaos of their family and the impacts of this on their health, wellbeing and development. Critically, this paper highlights the value of enabling young people to express their views, identify their needs and provide important information about how the service system might better assist them.

Children unable to remain in the care of their parents

Kinship care, where children are removed from their parents’ care due to abuse and neglect and placed with members of their extended family or friendship network, is the fastest growing placement option for Australian children. Boetto notes that kinship care is recognised to have many advantages, “most notably the preservation of family, promotion of cultural identity and reduced separation trauma”. However, she also notes that the circumstances of kinship carers are different from other carers and explores the issues in developing specific policy and practice frameworks for kinship carers.

Conclusion

The papers in this edition both highlight the need for and the challenges in achieving integrated child/victim-centred service and judicial systems to meet the needs of families in which violence, abuse or neglect has affected family members.

References


Acknowledgment: The literature in this editorial is drawn from the NCPC Issues paper by Bromfield, Lamont, Parker and Horsfall (in press).
Family is for life
Connections between childhood family experiences and wellbeing in early adulthood
Rhys Price-Robertson, Diana Smart and Leah Bromfield

This article highlights the formative influence of familial childhood experiences on the lives of young adults. Using data from the Australian Temperament Project (ATP), links are explored between supportive parent–child relationships, adverse family experiences in childhood and psychosocial outcomes in early adulthood.

A large body of research has shown that the experiences of childhood can exert an enduring influence on an individual’s life (e.g., Rutter, Kim-Cohen, & Maughan, 2006; Schilling, Aseltine Jr, & Gore, 2007). For better or worse, many people’s most defining relationships and experiences occur within the context of their families. Positive family relationships can help children flourish, but adverse experiences can have a negative impact on children’s wellbeing and subsequent development.

Negative or traumatic childhood experiences within the family are associated with an array of psychosocial problems in later life. For example, individuals who grew up in poverty or whose parents suffered from a mental illness or substance abuse problem are more likely than others to themselves experience physical health problems (e.g., cardiovascular disease), mental illness (e.g., depression) or substance abuse problems in adulthood (Felitti et al., 1998; Poulton, et al., 2002; Strom, 2003).

Similarly, adult survivors of child abuse and neglect are at an increased risk of a range of both physical health conditions (e.g., chronic pain, headaches, gynaecological problems) (Felitti et al., 1998; Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009) and mental health disorders (e.g., depression, anxiety, psychosis, post-traumatic stress disorder, eating disorders) (Afifi, Boman, Fleisher, & Sareen, 2009; Chapman et al., 2004). They are also more likely than other individuals to engage in alcohol and substance abuse, as well as violent and criminal behaviours (Felitti et al., 1998; Gilbert et al., 2009). Perhaps unsurprisingly, children who are subjected to repeated incidents and/or multiple types of maltreatment over a prolonged period are at an even greater risk of experiencing these negative outcomes (Bromfield, Gillingham, & Higgins, 2007; Higgins & McCabe, 2000).

On the other hand, supportive childhood experiences within the family are related to positive adult outcomes. Individuals whose parents were encouraging and loving and provided appropriate boundaries tend to have higher levels of self-esteem, hope and subjective happiness than those whose parents were overly strict or permissive (Furnham & Cheng, 2000; Heaven & Ciarrochi, 2008; McCrae & Costa Jr, 1988). Similarly, secure attachment in childhood (i.e., a strong and loving bond between the caregiver and child) is associated with satisfying and secure personal relationships in adulthood (Feeney, 2008; Hazan & Shaver, 1987). Others have argued that the family is the most fundamental source of social capital, and that positive familial experiences
For better or worse, many people’s most defining relationships and experiences occur within the context of their families.

and environments are associated with high levels of social competence, civic engagement, and trust and tolerance in social groups and institutions (Fukuyama, 1999; Putnam, 1995; Whitley & McKenzie, 2005).

Although there is considerable international research demonstrating associations between childhood experiences and outcomes in adulthood, there is little Australian research in this area. Each society has its own unique social, cultural, environmental and economic conditions. While international research can act as a guide for evidence-based policy and practice in Australia, its findings and conclusions need to be informed by research produced within an Australian social context.

The purpose of the current research therefore is to investigate connections between differing types of familial experiences during childhood and psychosocial outcomes in early adulthood. There has been considerable research on the risk factors and precursors of problem outcomes in early adulthood, but less attention has been given to the factors that promote optimal development—an absence of problems is by no means the same as “doing well”. It is important to look at both problematic and positive outcomes when examining the long-term impact of family experiences on young people.

As in many other studies in this area, childhood family experiences were retrospectively reported in the current study. There has been debate about the accuracy of such reports, with memory loss and recall bias being commonly identified problems (Becket, DaVanzo, Sastry, Panis, & Peterson, 2001). However, previous research with members of the current study found high concordance between retrospective reports and other sources of data (e.g., between self-reports of contact with the police for offending and official police records; Smart et al., 2005), suggesting retrospective reports can provide useful and reliable information.

In the current study, measures of long-term health problems, depression, anxiety, antisocial behaviour and substance use were used as indicators of problem outcomes in early adulthood. Elements of positive development previously identified among young Australian adults (Hawkins, Letcher, Sanson, Smart, & Toumbourou, 2009) were used as indicators of positive functioning; namely social competence (empathy, responsibility and self-control), trusting and tolerant attitudes towards others, trusting and tolerant attitudes towards societal institutions (e.g., police, governments), active engagement in civic life (e.g., donating time to charity organisations), as well as personal strengths (e.g., autonomy, planfulness, life satisfaction).

Two questions were addressed:

1. How common are supportive and adverse familial childhood experiences among a community sample of young Australians?

2. Are supportive parent–child relationships and adverse family experiences during childhood related to young people’s wellbeing in early adulthood?

The study

The data analysed in this study come from the Australian Temperament Project, a longitudinal community study that has followed the development of a large group of Victorians from infancy onwards (for more details, visit the study website: <www.aifs.gov.au/atp>).
The study commenced in 1983 with the recruitment of over 2,400 infants (aged 4–8 months) and their parents, from urban and rural areas in the state of Victoria. The sample was representative of the Victorian state population at that time. Fourteen waves of data have been collected by mail surveys to 2006, with a 15th collection planned to take place in 2010. Parents, teachers, maternal and child health nurses, and the children/youth themselves have participated.

Approximately two-thirds of the sample are still enrolled in the study after 27 years. Attrition over the course of the study has resulted in a slight under-representation of families from lower socio-demographic backgrounds or with a non-Australian born parent. However, there are no significant differences between the retained and no-longer-participating samples in terms of the children’s temperament style or behaviour problems in infancy. Thus, the findings reported here are likely to slightly underestimate the effects of growing up in an immigrant family or a family with low socio-economic status, but remain representative of the diversity of child temperamental and behavioural characteristics in the general population.

A wide range of aspects of life has been studied, including young people’s temperament, health, social skills, behavioural and emotional problems, risk-taking behaviours, educational and occupational progress, and peer and family relationships, as well as family function, parenting practices and socio-demographic background.

During the most recent survey—conducted in 2006–07 when study members were 23–24 years of age—young people were asked to reflect on their family experiences, both positive and negative, prior to age 18. The findings presented in this paper are based on a sample of 1,000 study members (390 males, 610 females).

Table 1 presents a summary of the childhood and early adulthood indicators used in the paper.

### Childhood family experiences

The questions used to measure young peoples’ family experiences while growing up are shown in Table 2 (see page 10). Findings are reported for both the individual items and for composite scores formed from these items. Four main indicators of childhood family experiences were used: supportive parent–child relationships, parental mental health/substance use problems, poverty, and child maltreatment.

The “supportive parent–child relationships” measure was created by computing the average of items 1, 4 and 5 in Table 2 (close relationships with parents, parents were loving and affectionate, parents encouraged child to be the best he/she could). Two groups were formed on the basis of their scores on this measure:

- “very supportive parent–child relationship” group ($n=786$, 79% of sample)—rated all three aspects of supportive parent–child relationships as being “very” or “somewhat” true of their childhood experiences; and
- “less supportive parent–child relationship” group ($n=205$, 21% of sample)—were less positive in their perceptions of their relationships with parents. Nevertheless, they did not necessarily report that they had a negative relationship with their parent(s); they were simply less emphatically positive than those in the very supportive parenting group.

Differing types of adverse family experiences are listed as items 6–12 in Table 2. “Parental mental health/substance use problems” or “poverty” were deemed to be present if study members answered yes to items 6 or 7 respectively. Items 8–12 reflect differing forms of maltreatment. A composite measure of maltreatment was developed by summing the differing types of abuse and neglect reported (i.e., physical abuse, intra-familial sexual abuse, emotional maltreatment, neglect, witnessing family violence). Three groups were formed:

- “no maltreatment” group ($n=768$, 77% of the sample)—did not report any experience of child maltreatment;
- “single maltreatment” group ($n=153$, 15% of the sample)—reported one form of maltreatment; and
- “multiple maltreatment” group ($n=79$, 8% of the sample)—reported two or more forms of maltreatment.

### Psychosocial outcomes at 23–24 years

The psychosocial outcome measures at 23–24 years are shown in Table 3. Five positive and six problem outcomes were employed. All outcomes were composites of items, with the exception of long-term health problems and high-risk binge drinking, which were both single items.

Positive psychosocial outcomes were based on Hawkins et al. (2009), who identified five core characteristics of positive development among ATP study members at 19–20 years. The positive psychosocial outcomes at 23–24 years comprise items 1–5 in Table 3: civic action and engagement, personal strengths, social competence, trust and tolerance of others, and trust and tolerance of organisations. For each outcome, three groups were formed to denote those who showed high, medium and low levels of the outcome. Those with scores in the lowest 25% of the ATP sample distribution...
on a particular characteristic comprised the “low” group, the 25% of study members with the highest scores formed the “high” group, and the remaining 50% of study members were placed in the “medium” group. It should be noted that those in the high groups were not necessarily very high on the characteristic in question, but rather they were high in comparison to their ATP counterparts.

For the six problem psychosocial outcomes (i.e., long-term health problem, depression, anxiety, high-risk binge drinking, illicit drug use, antisocial behaviour), study members were divided into dichotomous yes/no groups according to previously established criteria. For example, high depression and anxiety were identified using the norms provided for the scale; binge drinking was measured...
using the National Health and Medical Research Council of Australia’s definition of short-term high-risk drinking; and the cut-off for antisocial behaviour paralleled the Diagnostic and Statistical Manual of Mental Disorders IV-R diagnostic criteria (engagement in three or more differing types of antisocial acts in the previous 12 months).

Findings

In this study, all childhood family experiences were retrospectively reported.

Question 1: How common are supportive or adverse familial childhood experiences among a community sample of young Australians?

The vast majority of young people reported supportive family experiences while growing up (see Figure 1). For example, 94% indicated that their parents had shown love and affection towards them, 93% believed their parents encouraged them to achieve their best, and 88% felt they had a close relationship with their parents. A smaller but sizable proportion (77%) reported that their family often spent time with their grandparents, aunts, uncles or cousins.

The percentage of young people who reported adverse childhood experiences is shown in Figure 2. Poverty was reported by 18% of study members. Seven per cent of all study members indicated that their father had suffered from a mental illness or substance abuse problem, 4% their mother, and 1% both their parents (a total of 12% of all respondents). Emotional maltreatment was reported by 17%, making it the most common form of maltreatment. Neglect was indicated by 3%, making it the least commonly reported form of child maltreatment. In total, almost one-quarter (23%) of study members reported the experience of one or more forms of maltreatment.

Question 2: Are supportive parent–child relationships and adverse family experiences during childhood related to young people’s wellbeing in early adulthood?

Supportive parent–child childhood relationships

Supportive parent–child childhood relationships were significantly associated with higher levels of almost all positive development outcomes at 23–24 years of age: personal strengths, social competence, trust and tolerance of others, and trust in authorities. However, they were not related to civic action and engagement.

Figure 3 shows the percentage of the very and less supportive parent–child relationship groups that had low, moderate or high levels on the outcomes for which significant differences were found. As the figure shows, those with less supportive parent–child relationships more often showed low levels of positive development, while those with very supportive relationships more frequently showed high levels. For example, looking at

Figure 1 Reports of supportive familial experiences while growing up, 23–24 year olds

Figure 2 Reports of adverse familial experiences while growing up, 23–24 year olds

A very large number of young people felt they had been highly supported and loved by their parents while they were growing up.
Having close, loving and encouraging childhood relationships with parents lays a strong foundation for thriving in young adulthood and may also buffer young people from mental health problems.

personal strengths on the left side of the figure, 38% of the less supportive group showed low levels compared with 23% of the very supportive group; similar proportions of the two groups showed moderate levels (49% and 50%); and only 14% of the less supportive group showed high personal strengths, compared with 27% of the very supportive group.

Turning now to connections with problem outcomes in early adulthood, those in the very supportive parent–child relationships group were significantly less likely than those in the less supportive relationship group to have recently suffered depression (12% vs 30%) or anxiety (14% vs 25%). There were no significant connections between supportive parent–child relationships and long-term health problems, illicit drug use, binge drinking or antisocial behaviour in early adulthood.

Parental mental illness/substance use problems during childhood

Looking first at links with positive outcomes in early adulthood, young people who indicated that their parents had a mental illness or substance use problem while the young people were growing up were less trusting of authorities than their peers, being particularly less likely to report high levels of trust (15%, compared with 27% of those whose parents did not have a mental health or substance use problem). There were no significant associations with any of the other positive development measures (i.e., civic action and engagement, personal strengths, social competence, and trust and tolerance of others).

In terms of problem outcomes at 23–24 years, reports of parental mental illness/substance use problems were significantly associated with higher rates of long-term health problems among young people (32% vs 20%). However, they were not related to any other problem...
outcomes (i.e., depression, anxiety, illicit drug use, binge drinking or antisocial behaviour).

**Childhood poverty**

Young people whose families experienced poverty when they were growing up tended to be less trusting and tolerant of others at 23–24 years, being especially likely to express low trust and tolerance (31% vs 22%). They were also less trusting of authorities, more frequently expressing low levels of trust (33% vs 21%) and less often having high trust in authorities (17% vs 28%). There were no significant connections between childhood poverty and the other aspects of positive development: civic action and engagement, personal strengths and social competence.

Looking next at problematic outcomes at 23–24 years, study members with a background of poverty were significantly more likely than their peers to suffer depression (22% vs 15%) or anxiety (22% vs 15%), but less likely to engage in high-risk binge drinking (22% vs 29%). There were no significant connections between childhood poverty and the other problem outcomes (i.e., health problems, illicit drug use and antisocial behaviour).

**Childhood maltreatment**

Maltreatment during childhood was associated with significantly lower levels of personal strengths in early adulthood. Specifically, those in the multiple maltreatment group were less likely to report high levels of personal strengths (17%) than those in the single (19%) or no maltreatment (26%) groups. Nevertheless, child maltreatment was not significantly related to any of the other positive development outcomes (i.e., civic action and engagement, social competence, trust and tolerance of others, and trust in authorities).

As can be seen in Figure 4, significantly more members of the multiple maltreatment group (35%) experienced high levels of depression than those in the single (22%) and no maltreatment (13%) groups. Similar significant differences were also found between the single and no maltreatment groups. Additionally, those in the multiple maltreatment group were significantly more likely than those in the other two groups to report high levels of anxiety. There were no associations between child maltreatment and long-term health problems, illicit drug use, binge drinking, or antisocial behaviour in early adulthood.

![Figure 4 Childhood maltreatment groups, by psychosocial adjustment problems, 23–24 year olds](image)

**Childhood experiences and accumulated problems in early adulthood**

As well as exploring whether adverse childhood family experiences conveyed risk for specific types of problems in early adulthood, an investigation was made into whether these types of experiences were associated with a greater overall burden of difficulties. An index of total number of problems was created by summing the number of problems present, using the indicators: depression, anxiety, illicit drug use, long-term health problem, high-risk binge drinking, and antisocial behaviour. Scores could range from zero (no problems experienced) to six (all types of problems experienced). Across the ATP sample, a total of 398 23–24 year olds (40%) had zero problems, 302 (30%) had one, 181 (18%) had two, and 119 (12%) had three or more problems.

Figure 5 shows that 42% of young people with very supportive parent–child relationships in childhood did not experience any problems in early adulthood, compared with 32% of those with less supportive relationships.

<table>
<thead>
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<th>Table 4 Summary of connections between reported childhood experiences and psychosocial outcomes in young adulthood</th>
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<td>Psychosocial outcomes</td>
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Note: *"* = positive relationship, p < .05; *"* = negative relationship, p < .05.
Conversely, 37% of those with less supportive relationships experienced two or more problems compared with 28% of those with very supportive relationships.

On the other hand, those whose parents had a mental illness or substance use problem while they were growing up were significantly more likely to experience multiple problems in early adulthood, especially those who had three or more problems (20% vs 11%). The experience of child maltreatment was also related to a higher cumulation of problems. Figure 6 shows that the incidence of three or more problems was significantly greater in the multiple maltreatment group (22%) than the single (16%) or no maltreatment (10%) groups. Only childhood poverty was not significantly related to the occurrence of multiple problems in early adulthood.

Childhood experiences and outcomes in early adulthood:

Summary
A summary of connections between childhood experiences and psychosocial outcomes in young adulthood is presented in Table 4. Overall, very supportive parent–child relationships were consistently related to positive outcomes (the exception being civic action and engagement), while the three types of adverse family experiences were rarely related to positive outcomes (although individuals who experienced poverty or parental mental health/substance use problems tended to be less trusting than other young people).

Less supportive parent–child relationships, poverty and maltreatment in childhood were significantly associated with depression and anxiety in early adulthood. There were also some specific connections among 23–24 year olds between: (a) poverty and lower rates of binge drinking, and (b) parental mental health/substance use problems and the presence of long-term health problems. Further, supportive childhood experiences were related to a lower accumulation of problems in early adulthood, while parental mental health/substance use problems and maltreatment were associated with a greater multiplicity of problems. However, childhood family experiences were not related to illicit drug use, antisocial behaviour or civic action and engagement in early adulthood.

Discussion
This paper sought to investigate two issues: (a) rates of supportive and adverse familial childhood experiences among a community sample of young Australians, and (b) whether supportive parent–child relationships and adverse family experiences during childhood were related to young people’s wellbeing in early adulthood.

The first point to note is the very large number of young people who felt they had been highly supported and loved by their parents while they were growing up. Close to 80% answered affirmatively to all three items (they had a close relationship with their parents, their parents were loving and encouraging towards them, their parents encouraged them to be the best they could), and rates of agreement on the individual items ranged from 88% to 94%.
On the other hand, quite a number of young people encountered adverse family experiences while growing up. Rates ranged from 12% whose parents suffered from a mental illness or a substance abuse problem, to 23% who experienced child abuse or neglect. It is noteworthy, and perhaps unexpected, that of the three types of adverse family experiences examined, the most common was maltreatment, pointing to the pervasiveness of this issue. These findings add to scarce Australian data on the occurrence of these adversities, and are especially important as they are derived from a community, rather than a clinical, sample.

When considering the proportion of study members who felt their parents had greatly loved and supported them, and the percentage who reported adverse family experiences, it is clear that many vulnerable families were able to provide a loving and secure environment for their children in the face of difficulties. These findings are a reminder of the capacity for resilience among families and children.

The second point to note is the salience of childhood family experiences for wellbeing and adjustment in early adulthood. Supportive parent–child relationships were related to valued positive qualities, such as planfulness, independence, social skills, and trusting and tolerant attitudes. These findings are in keeping with other research from the fields of positive psychology (Furnham & Cheng, 2000; Heaven & Ciarrochi, 2008; McCrae & Costa Jr, 1988) and social capital (Fukuyama, 1999; Putnam, 1995; Whitley & McKenzie, 2005). Further, those with very supportive parent–child relationships were less likely to suffer depression or anxiety. Overall, these findings suggest that having close, loving and encouraging childhood relationships with parents lays a strong foundation for thriving in young adulthood and may also buffer young people from mental health problems.

Noteworthy also were the connections between adverse childhood family experiences and lower wellbeing in early adulthood. Consistent with international research (Felitti et al., 1998; Poulton et al., 2002; Strom, 2003), parental mental illness and substance abuse were associated with long-term health problems, while both maltreatment and poverty were associated with increased levels of depression and anxiety. The single, somewhat surprising exception was the lower likelihood of binge drinking among those whose families had been financially impoverished. Nevertheless, it is also important to note that while adverse family experiences were linked to considerably higher rates of problems in early adulthood, the majority of those who encountered these adversities did not show high levels of problems in the areas examined. For example, while a comparatively high 35% of those in the multiple maltreatment group reported recent depression, 65% of the same group had not recently experienced depression.

There were interesting disparities in the connections between differing types of adverse family experiences and positive functioning. Child maltreatment was related to lower levels of personal strengths, but was not associated with lower levels of civic action and engagement, social competence, trust and tolerance of others, and trust in authorities. These findings suggest that individuals in this study who experienced child maltreatment were not impaired in their ability to contribute to, relate appropriately to, or function effectively in the social sphere. Rather, survivors of maltreatment were more likely to show difficulties in personal functioning (personal strengths, reflecting life acceptance, autonomy, identity clarity and planfulness). Similarly, and in keeping with the findings of other studies (e.g., Afifi et al., 2009; Chapman et al., 2004; Higgins & McCabe, 2000), they were more likely to suffer internalised psychological adjustment problems such as depression and anxiety.

In contrast, parental mental illness/substance use problems and family poverty were linked to lower levels of trust among young people, but not lower levels of personal strengths. This may to some extent reflect the more distal effect of family problems such as poverty or parental psychosocial problems, compared with behaviours that more directly affect children, such as abuse or neglect, and which may impede the development of an individual’s personal capacities.

The findings also suggest that very positive parent–child relationships are related to, but not on a continuum with, adverse family experiences such as maltreatment. This is demonstrated by the lack of consistency in the connections found, with highly supportive parent–child relationships mainly associated with positive outcomes, and adverse family experiences with problematic ones. It is perhaps more accurate to say that the opposite of maltreatment, for example, is the absence of maltreatment, and that positive parent–child relationships exist on a similar but different continuum.

Not all outcomes examined were related to childhood family experiences, with no associations found between childhood family experiences and civic action and engagement, antisocial behaviour and illicit drug use at 23–24 years. It is possible that the low rate of antisocial
behaviour among ATP study members at this age (7%) may have led to insufficient statistical power to detect relationships. This low rate is consistent with other research showing that antisocial behaviour typically peaks in mid-adolescence and steadily declines thereafter in the general population (Rutter, Giller, & Hagell, 1998). Similarly, rates of civic action and engagement were very low among ATP study members, resulting in little differentiation between the low, moderate and high civic action and engagement groups. The finding that most young adults in contemporary Australia are not actively engaged in civic life is consistent with both national and international social research (Hawkins et al., 2009; Print, 2007; Putnam, 1995). Reasons for the lack of associations with illicit drug use are less obvious.

Strengths and limitations of the study

The study has a number of strengths. Firstly, in contrast to many similar studies that use self-selected or clinical samples, the findings of the current study are based on a relatively large community sample, which helps to decrease the biases that can arise from the former types of sampling. A further strength is that this a longstanding study in which a strong history of trust has developed with study members. Such trust is particularly important when respondents are asked to disclose very sensitive information, such as whether or not they experienced child maltreatment. A third major strength is the breadth of child, parent and family characteristics measured, allowing a wide range of influences and outcomes to be examined, and a cumulative index of problems to be developed.

However, the research also has several limitations. Like many longitudinal studies, sample attrition over the years has resulted in a slight under-representation of families with low socio-economic status. This is likely to have led to conservative estimates of the occurrence of adverse childhood experiences, especially as these are known to be higher among low socio-economic status groups. Secondly, the measures of some childhood experiences were not as detailed as in other studies due to the fact that the ATP is a life-course study, collecting information on a wide range of aspects of child and youth development. Other more narrowly focused studies are able to include more in-depth measures than those used here. Nevertheless, the rates of reported maltreatment, for example, accord well with the rates of other studies (Price-Robertson, Bromfield, & Vassallo, 2010). Finally, similar to many other studies in this area, childhood family experiences were retrospectively reported, which can lead to problems such as recall bias. However, there is encouraging evidence from within the study and elsewhere (e.g., Smart et al., 2005) to suggest that retrospective reports can be reliable and valid.

Key messages and implications

What do these findings mean? What practical implications do they have? Firstly, the findings suggest that positive development (or “doing well”) in young adulthood relies on the active investment of the caregiver’s love, affection and encouragement during childhood, rather than simply the absence of adverse experiences. This points to the importance of high-quality parenting, as distinct from “good enough” parenting. This has implications for the child and family welfare sector; it signals the need for services that focus on strengthening protective factors (such as positive relationships with caregivers) rather than solely on minimising risk factors (such as child maltreatment). It supports the use of evidence-based parenting programs, such as “The Incredible Years” and “Parenting Wisely”,

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that attend to caregiver behaviours designed to enhance caregiver–child relationships.

Secondly, these findings indicate that although young adult survivors of childhood maltreatment may be faring adequately in the social sphere, they are still much more likely than others to suffer from internalising problems such as depression and anxiety. This has important implications for practitioners working within the field of mental health. It suggests that levels of social functioning cannot always be used as a proxy for overall psychosocial health. It suggests that levels of social functioning cannot always be used as a proxy for overall psychosocial health.

Finally, the results of the current research support the use of positive development measures in future research. They indicate that positive development is not simply the opposite of problematic development, and by measuring both types of outcomes a more nuanced picture of psychosocial development can be obtained. Future research could build on the current findings by identifying the ways in which positive and adverse childhood experiences interact to influence adult behaviour; for example, whether positive parent–child relationships mediate the long-term outcomes associated with child maltreatment.

Endnotes

1 Note that the number of members of the two ‘supportive parent–child relationships’ groups (n = 911) was not equal to the number of participants in the study (n = 1,000) because nine participants were missing relevant data from their questionnaires.

References


Rhys Price-Robertson is a Research Officer for the National Child Protection Clearinghouse, Australian Institute of Family Studies. At the time of writing, Diana Smart was a General Manager (Research) at the Australian Institute of Family Studies and Dr Leah Bromfield was a Senior Research Fellow and Manager of the National Child Protection Clearinghouse, Australian Institute of Family Studies.

Acknowledgments: We acknowledge the valuable contribution of the other principal investigators on the ATP study—Suzanne Vassallo and Professors Ann Sanson, John Tsombounou, Margot Prior and Frank Okerlaid. We also felt grateful to the participants who provided statistical assistance. Finally, we sincerely thank the young people and their parents who have participated in the study, without their loyalty and support, this research would not have been possible.
Who cares?
Young people with parents who use alcohol or other drugs talk about their experiences with services

Tim Moore, Debbie Noble-Carr and Morag McArthur

What we know about the effects of parental alcohol or other drug use

Alcohol and other drug use is widespread across Australia and internationally, for both adults who do and don’t have children. A 2006 Australian study (Dawe et al., 2007) estimated that around 13% of Australian children were at risk of exposure to binge drinking by at least one adult with whom they reside, with a further 2% living with an adult who uses cannabis on a daily basis. Similarly, the Odyssey Institute of Studies (2004) estimated that around 60,000 Australian children lived with a parent attending treatment for an alcohol or other drug issue, with tens of thousands more children living with parents who had not sought help for their problem.

Although a number of studies have shown that parents using alcohol or other drugs are able to provide their children with effective parenting (Harbin & Murphy, 2000), others have shown that the impacts of parental alcohol or other drug use can affect children from the point of conception, both physically and developmentally (Patton, 2003a). Some studies have emphasised how alcohol or other drug use can lead to social isolation and place children in “highly chaotic and stressful environment” (Dawe et al., 2007; Dawe, Harnett, & Frye, 2008). When raised in these households, children can also be affected socially, educationally and psychologically in relation to their own health, safety, drug use and transitions to adulthood (Bancroft, Wilson, Cunningham-Burley, Backett-Milburn, & Masters, 2004; Dawe et al., 2007; Hegarty, 2004; Patton, 2003a, 2005b; Tunnard, 2002). In addition, children of parents with an alcohol or other drug issue are often at increased risk of experiencing poverty and financial stress, trauma, abuse, violence (from both within and outside of the family), family breakdown and separation, exposure to criminal activities, and poor housing and homelessness (see Bancroft et al., 2004; Dawe et al., 2007; Hegarty, 2005; Kroll, 2004; Odyssey Institute of Studies, 2004; Patton, 2003a, 2005b; Tunnard, 2002). It is important to note that not all alcohol and drug problems are inherited or passed down from parent to child. As Gilman points out, there is a complex web of socio-economic, cultural and structural factors that may also interact with substance misuse, “making it hard to separate the specific impact that drug or alcohol may have on individual functioning and family relationships” (as cited in Kroll, 2007).

A further effect of parental alcohol or other drug use (including intoxication and withdrawal) is its impact on parents’ capacity to care for and protect their children, often putting the children at the high end of risk of maltreatment, especially neglect (Dawe et al., 2008). Such young people are more likely to enter into the statutory care and protection system (Jeffreys, Hirte, Rogers, & Wilson, 2009; McArthur & Winkworth, in press) and appear more likely to be engaged in the juvenile justice system (Moore, 2005; Moore, Saunders, & McArthur, in press). In fact, the challenges facing these young people and their families...
are so significant that some have argued that parental alcohol or other drug use is one of the most serious issues confronting the child welfare system in the past 20 years (Ainsworth, 2004).

This interest in children of parents with an alcohol or other drug issue has occurred alongside a growing focus on young people with similar family backgrounds. In particular, there has been a growing interest in young carers and children of parents with a mental illness (Becker, 2005; Carers Australia, 2002; Gowling, 2004), each of which has highlighted the vulnerabilities of children and has called for increased service support for them and, to a lesser degree, their families. Although there are obvious overlaps and similarities between these groups, the literature on these topics has not provided an in-depth consideration of the needs of young people with parents with an alcohol or other drug issue.

There has been considerable investigation into the lives of these young people; however, the number of studies that have directly engaged children and young people remain limited. Most studies have relied on parents' or workers' accounts of children's lives. This paper reports on a research project where we asked children and young people about their experiences of living in families where substance use caused issues. This work comes from a larger research project that sought to specifically examine the caring responsibilities of these children and young people (see Noble-Carr, Moore, & McArthur, 2009). In this paper, we present findings in relation to how young people describe their lives and the impact of their parents' substance use. It also specifically explores young people's engagement with the service system and the key barriers that they experience in seeking and receiving support. Our aim is to contribute to an understanding of how best to support children and young people and intervene effectively to redress any negative effects that may occur as a result of their parents' substance use.

**Nature of the study**

This research project was funded by the ACT Government through its Carers Recognition Grants project and was conducted by the Institute of Child Protection Studies with support from Anglicare Canberra and Goulburn. The project had two parts: the first engaged children and young people directly in the research process; the second, conducted by Anglicare Canberra and Goulburn, focused on the system's responses to families affected by alcohol or other drug use. This paper draws only on data from the young people in the first part of the study.

Adopting an ethical and child-centred approach, the research team provided young people with an opportunity to talk about their experiences in one-on-one interviews and a workshop, both of which were developed in consultation with a young people's reference group (for more information, see Noble-Carr et al., 2009). The reference group also helped the research team understand emerging themes and to draw out policy and practice implications. Before conducting the project, the researchers sought and were granted ethical clearance by the Human Research Ethics Committee at the Australian Catholic University.

**Research approach**

Recruitment of participants was through pursuing agencies and services that had links with these young people and/or their parents. We also advised local community organisations of the project through newsletter articles and electronic bulletins (e.g., the ACT Council of Social Service [ACTCOSS] newsletter and the Youth Coalition e-bulletin).

As the broader study attempted to understand more about how taking on carer responsibilities for a family member with an alcohol or other drug issue affected young people's lives, participants were asked by workers in the referring service, and then by researchers, whether or not they assumed caring tasks for their relative. If they could identify tasks that were linked with their relative's alcohol and other drug use (such as “looking out for”, “ensuring safety”, “managing households”, “looking after siblings”, or “providing financial assistance”), they were recruited into the sample.

Fifteen young people participated in the study. Participants were aged between 11 and 17 years of age. However, twelve of the fifteen participants were aged 14–17 years. Eight participants were female and seven were male.

**Method**

The literature on children's engagement in research emphasises the importance of providing children and young people with a range of ways through which they might engage with researchers and research projects (see: Moore, McArthur, & Noble-Carr, 2008; Noble-Carr, 2007). Realising this and recognising the diversity of the ages, circumstances, capabilities, interests and experiences of

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Young people in this study lived in families marked by complexity and chaos. They experienced a number of intersecting and compounding factors … that affected their health and wellbeing, participation in education, social activities and community life, and relationships.
the young people being interviewed, a range of tools was developed through which young people might engage with the process. Some examples of the tools used include:

- drawing family trees—young people were asked to draw their own family tree, including whatever family members they chose, which served as an easy way for young people to communicate about their family relationships and also provided a springboard to discuss some of the strengths and challenges underpinning these relationships;
- completing a “support star”—young people were asked to write down, on each point of a star, five key people or organisations that provided them with support, along with the needs that these people/organisations met, while other unmet needs were listed in the middle of the star; and
- discussing young carer program pamphlets and “case studies” of young carers.

Interviews conducted with young people usually lasted for an hour and were held at a location and time most suitable to the young person. In some cases, interviews were conducted in the young person’s home (some with their parents or other family members present), while others were conducted at youth centres (in one case, a young woman was accompanied by her friend) or in other mutually agreed locations.

The interview schedule contained open-ended questions and prompts that focused around a number of key themes based on a review of the literature. This approach was used to enable young people to tell their own narrative or story in their own words. The young people chose what they wanted to talk about and the issues that were of particular interest or relevance to them were discussed in more detail.

Data analysis

The interviews were tape-recorded, transcribed and analysed for common themes. Drawing on a theoretical base of grounded theory, key concepts, themes and categories were able to emerge from the data rather than either being imposed or overlooked in the analysis (Minichello, Aroni, Timewell, & Alexander, 2000; Strauss & Corbin, 1990).

A general approach of constant “comparison” was also a key factor in the analysis of the young people’s transcripts. This involved taking one piece of data, such as one interview, one statement or one theme, and comparing it with others that may be similar or different. In doing so, the research team could propose and explore possible relations between various pieces of data. For example, by comparing the accounts of two different young people who had similar caring or family experiences, the team used analytical questions such as: Why is this different from that? How are these two related? What other variables might explain the differences?

Finally, at a workshop, young people were consulted on the key findings from this data analysis, ensuring that their views remained central to the conclusions of the research.

Before exploring young people’s experiences of the service system, we provide a brief overview of the life circumstances of the young people in our sample. We do so to provide a context within which young people are offered and access supports.

**Parental alcohol or other drug use**

Parents often used alcohol and a range of other drugs, including marijuana, heroin, ice and other illicit and prescription drugs. Six of the participants had a parent who had an alcohol issue. Of these, two of the family members who had an alcohol issue had also previously been addicted to illicit drugs, including heroin and marijuana. Four participants had parents who were using marijuana, with one of these also using “ice” (methamphetamine). Finally, three participants had a parent who had an addiction to prescription drugs. A number lived in families where a number of family members used a range of drugs: one young person, for example, had seven family members who were currently poly-drug users. Two of the young people in the study did not identify parental alcohol and other drug misuse but had siblings who used illicit drugs. One of these young people had a parent with a mental illness and both identified as “young carers”. We chose to include their perspectives on how alcohol and other drug use affected their families and how the service system might best respond to them. However, we have excluded their input from the following discussion as it relates to parental alcohol and other drug use.

**Young people’s needs**

Young people in this study lived in families marked by complexity and chaos. They experienced a number of intersecting and compounding factors (such as poverty, social isolation, violence and family conflict) that affected their health and wellbeing, participation in education, social activities and community life, and the relationships they had with parents, siblings and other family members.

They reported a range of needs for themselves, their families and their alcohol/drug using parent. These included their need to be safe; obtain support for their family; have someone trusted to talk to; have access to emotional support; reconnect with family, friends and community; be supported in school; have time out; and obtain practical assistance to reduce their care responsibilities and the negative effects of living in a family affected by alcohol or other drug use.

**Being safe**

Many of the young people shared experiences where their safety was compromised. Often this was because their parents were under the influence of alcohol or another drug and were unable to watch out for them. Some talked about being left at home unsupervised while their parents were either out looking for drugs or using them offsite:

> [When I was 11 years old] I started worrying because [dad] started not being around when I got home, and he wouldn’t tell me where he was going, and 7 o’clock come around and I freak out, and 8 o’clock
comes around … I got scared … I didn’t like being at home by myself.
(Girl, aged 13)

In some instances, young people talked about the fact that their homes were often frequented by “unsafe” adults who treated them badly or who exposed them to drugs and drug paraphernalia:

I had the absolute worse thing happen to me in Year 5. My parents were out with this really wrong crowd and they met these people only for a week because they got introduced by somebody else and [a user] came over to my house one day and they put a needle in my bag and … I got to school and I was going to put my yugio cards in and I saw it, and I threw it down and I ran straight back into class and, yeah.
(Boy, aged 11)

Obtaining support for the family

Young people clearly stated that they wanted help that was aimed at supporting and strengthening their families as well as them. In fact, when asked to prioritise support that focused either on them as an individual or that had a broader family focus, young people overwhelmingly called for the latter.

Most of the issues young people wanted help with were interlinked with issues that other members of their family were experiencing and were entwined within the complex roles and relationships within their family. Therefore, for any service to support them adequately, their family’s issues need to be included and addressed. Young people thought that this was the only way that they could truly achieve any positive changes in their lives. A number felt that family counselling or mediation was necessary to resolve the significant challenges they and their family were facing.

Other young people felt that their parents would benefit from some support to address their alcohol and other drug issues. In addition, a number of young people advocated for additional support for their siblings, as they felt stressed and responsible for their siblings’ welfare when assistance wasn’t provided to them directly.

Having someone trusted to talk to

The young people argued that the most common and most immediate need that they had was having a significant adult to talk to whom they could trust. This was someone who would listen and who could understand and respond to their feelings and broader needs. Trust was often identified by the young people as the key factor in determining whether they would seek support. They believed that they would only be able to explain their circumstances to someone whom they knew would act in their best interests and would not judge their situation, but would actively support them in finding assistance. Unfortunately, the number of trusted adults in the lives of these young people was limited:

“Cos just talking to people takes a big load off your chest, like a huge weight is lifted off you. So there does need to be more people. Because it’s hard to talk to people—you’ve got to trust them a lot … There are not many people that I can trust, that I can tell. (Young man, aged 16)
For a number of the young people, the potential benefit of sharing their home situation did not appear to justify the potential consequences, particularly when they had had negative experiences in the past:

If you get let down once you’re not likely to ask again. You spend all your time trying to weigh things up: is it worth my while to say something, to ask for something. Most of the time you’re stressed to the max, but asking is just out of the question or seems too hard. (Young man, aged 16)

Having access to emotional support
Many of the young people reported poor mental health outcomes, ranging from depression to suicidal ideation. It would appear that this was driven by overwhelming feelings, a lack of hope for the future and a sense of despair. Young people talked about how they felt socially isolated and unsupported:

I got really, really sick trying to look after them all and then I got mentally ill really badly and tried to do the whole suicide thing. And it was really hard to look after two young children and your parent, and then at the same time trying to look after yourself, having a social life and doing all the things you should be doing. (Young man, aged 17)

It’s been tough. I often think about suicide, and think, “Would I be better off if I wasn’t here?”. And then I think, “my friends”, and they always tell me, “What are we going to do without you?”; and you think, “There’s people out there who love you and need you”, and you think, “OK. Maybe I should stay around”. (Young woman, aged 16)

They argued that it would be helpful to have someone to talk to about these feelings and to help them find ways of resolving the challenges they encountered.

Reconnecting with family, friends and community
The majority of young people in this study reported feeling socially isolated: many had estranged relationships with their extended family, and small numbers of friends who could provide them with support:

In Year 4 to Year 6 … I would always have other people sitting there boasting about how good their families were and what they would do at night … and I was just like, ”Yeah, my mum was sitting at the table last night getting pissed”… I thought that it was more my mum—she would rather get pissed than spend time with me … I would not say anything [at school] I would just sit there. (Young woman, aged 16)

As such, young people identified a need to reconnect to family, peers and the broader community. They highly valued supports that enabled them to meet others in similar situations to themselves, but also opportunities to participate in “normal” teenage activities, such as sports, clubs or just “hanging out”:

Like this [young carers] program is everything for me. It’s changed my life. If it wasn’t for the young carer camps, I don’t know what would have happened to me. I say there’s so many other kids out there who have it the same as me who don’t know about it who need it. (Young man, aged 16).

Being supported in school
Almost all of the young people talked about difficulties they were having with their schooling. Four had left school early and were no longer engaged with the education system (however, two of these have recently found work, one through an apprenticeship). A further three young people had left mainstream schools and were currently completing Year 10 through supported education programs or TAFE institutions.

For many of the young people, their education had become the most tangible part of their life that they could say was affected by living with a parent with an alcohol or other drug issue. Some felt that this was because of the chaotic nature of their family life, which made it hard to keep up with school work and homework, and resulted in them frequently missing school altogether.

Others talked about conflicts they had with teachers and/or other students, with many of the young people stating that they found it hard to fit in and always felt like the outsider or “different” in their school community. For many, this seemed to translate into frequent experiences of violence and/or bullying within their school environment (either as the victim or perpetrator, or perhaps both):

They don’t give you time to do [all your work] at school, so coming home to a family like that—you might not have much money, so you might not have a computer, or a computer with Internet access. And it’s not like you could go down to the local library to use it because you’ve got no time, so on top of not doing that well at school because of stuff going on at home, you’re not going to keep up with assignments and all that stuff. So you’re failing even more. (Young man, aged 16)

I couldn’t really do my school work. I had a lot of trouble in my school work. I was in a special class because I just couldn’t concentrate … When I got home I couldn’t get help with homework. But if I didn’t [understand it], then there was no one to help me. And I tried to explain it to my teacher, but sometimes it was like, “Well, you could’ve
come to us for help,” but they didn’t really understand. (Young woman, aged 16)

Young people’s disengagement from education appeared to affect them not only academically but, just as importantly, socially, as they disconnected from positive peer groups, from potentially affirming activities and “normalising” opportunities. This disengagement appeared to compound their sense of isolation and kept them from finding or receiving support.

Young people said that to be able to continue with their education, tutoring and assistance to access flexible schooling alternatives would be helpful. Those who had been assisted into flexible education programs to complete their secondary education were extremely grateful for this support and stated that they would not be completing their schooling alternatives would be helpful. Those who had been assisted into flexible education programs to complete their secondary education were extremely grateful for this support and stated that they would not be completing their secondary education without it. To enable this, young people said that it was essential to have an empathetic teacher or someone else connected with the school who was available to provide and coordinate support.

Having time out

Each young person assumed significant care responsibilities for their family members, often over a long period of time (ranging from a few to over 10 years). These participants described themselves as being responsible for providing financial support, taking on household tasks, ensuring the safety of their alcohol/drug-using parent, supervising and supporting their siblings, and providing emotional support and personal care:

[My mother] pretty much is reliant on everyone else, other than herself. When I was still living with her, I was pretty much looking after both the kids and doing all the stuff that she was supposed to be doing … For a while I was doing all that, for a couple of years … most of my life. (Young man, aged 17)

Checking in with mum on how she is feeling, kind of being a counsellor … trying not to blow her off … That would be the primary role I had … Several of the issues that mum had and still does have definitely affected the kind of relationship that we have—especially in the household—it’s not so much more of a parent and kid kind of relationship. I more see it as a “roomie” kind of relationship. I see it as more of I definitely have a lot more freedom than any other kids I know of my age. (Young man, aged 17)

Young people felt that they needed to have time away from their families to rest and recover. The emotional and sometimes physical strain of living in their families was often significant, as was the level of family stress and conflict. Having periods of time when the young people could physically leave the family home was important to many participants:

Sometimes it gets a bit hectic, so you need to get out of the house. So someone to take you out, to get out of the house. Have some time for yourself. (Young woman, aged 16)

Some reported that they had sometimes left home and stayed in unsuitable accommodation because more appropriate options were unavailable:

There needs to be a place where you can go if you need time out … A place where parents know you’re safe and that they’re not gonna freak out about or nothing. Like when it gets real bad. Not like a refuge or nothing, because those places are full on, but somewhere you can go to chill out. Not for a long time, but maybe a few days or a week if you need it. Or, like, if your parent is in hospital or not doing good. Some place you can go, you know, where you can trust the workers and where you can just do the stuff you need to. (Young man, aged 16)

Obtaining practical assistance

Many of the young people said that they and their families needed a lot of practical assistance with things such as food and other financial aid. Due to their families’ poverty, and their parents’ alcohol and drug issues, some of the young people talked about missing out not only on food, but other material possessions and essential items that their peers had access to, such as clothes and computers. Other young people also talked about needing practical assistance to look after their parent, because they were often the only ones at home available to care and perform all of the care tasks that were required. Practical assistance with housework and cooking and looking after their parent were mentioned by some of the young people:

Help for your emotional, like, you could be having a hard time as well. Probably, like, support, like, they know they are not the only ones are in the situation. (Young woman, aged 16)

The young people had low levels of engagement with services, and even when they were engaged, most said they were not receiving the level of support that they and their families required.

Young people’s experiences of the service system

As identified, young people in this study assumed significant responsibilities for their family members, had broad needs and faced substantial challenges that affected their health and wellbeing and their ability to participate in the life of the community. However, when asked to identify existing supports (both formal and informal), they often noted that they had no connection with the service system and often could not identify ongoing assistance from family or friends. When pressed, they believed that it was for a number of reasons. We will discuss these briefly.

Barriers to support

Stigma and fear of repercussions

Due to the stigma attached to alcohol or other drug misuse, many families were reluctant to have children speak about these issues in the family or to ask for assistance. For some, this was because they were afraid of statutory intervention, for others because they were concerned that the family might be judged or disrespected, and for still others because they felt ashamed. These concerns were significant, with most of the young people sharing that they had no connection with the service system and often could not identify ongoing assistance from family or friends. When pressed, they believed that it was for a number of reasons. We will discuss these briefly.
Young people shared that reporting their concerns to any adult outside of the family, particularly statutory organisations, was a confronting and potentially hazardous act and one that took great courage and determination.

It was particularly problematic for young people who were “caught” telling people outside of the family about their home life. They said how difficult it was for them to come forward and how detrimental it was to their family relationships when their parent realised what they had done:

That was the end of it for me. I had to leave home because Mum was going ballistic. It was OK for me, ‘cos I needed to get out of there, but it was bad because I had to leave my brother and sister there. It was all because no one would help. I took the risk of telling and it blew up in my face. I lost out big time ‘cos no one would do anything. (Young man, aged 17)

Young people often talked about having low self-esteem and self-confidence. They described how asking for help required them to step outside of their comfort zone, to risk their anonymity and the relationship they had with their parent:

A lack of self-confidence, [young people] could be really shy, worried of what [others] would think of you. Like you could have low self-esteem. That would just, like, muck everything up. Having the confidence to actually get out there, call them up and ask someone for help. Like with [the boy in the case study]; he hasn’t got any help. He might be worried of how everyone would take it. (Young man, aged 16)

Not fitting into target groups

Those young people who overcame the fear of asking for help reported finding it difficult to access formal support from services because they did not meet eligibility criteria or because their needs were outside of the agency’s stated client group. Youth services did not engage young people in discussions about their family, or referred the young people to alcohol or other drug services rather than provide the emotional and personal support the young people requested. Alcohol and other drug services appeared reluctant to work with the young people because they believed that they did not have the skills to work with clients under the age of 18:

I just never fitted. No one was there for me. [It] was either for my mum or my brother, but never for me. And I needed the help too. (Young man, aged 16)

Screw them. I’m sick of them saying, “We can’t help—our support’s not for you”. Who is here for us? Am I not worthy of help? We’re the ones doing the right thing, so why doesn’t anyone give a shit? (Young man, aged 14)

Young people also believed that there were times when health professionals did not support them because the workers had a relationship with their parent and saw them as their main client. They young people felt as though these workers either ignored their situation or rallied behind their parent, to their detriment:

It would’ve been helpful if our family doctor had taken any notice of anyone in the family had to say: We told him on lots of occasions that what he was giving her she shouldn’t be taking because she was abusing it … He became very defensive on the topic of my mother. If you approached him about it he’d be like, “She’s doing really well”. That’s what you would get back from him: “She’s fine”. He pretty much took her side on everything … I got sick a few months ago … and my aunt took me [to the doctor] and he was a complete asshole to us both. And I was like, “Just because she’s your patient too doesn’t mean you should treat us differently”. There shouldn’t be repercussions. (Young man, aged 17)

Having concerns minimised or disbelieved

Young people talked about times when they had sought support but had not been believed because workers had not directly seen issues of concern. Young people said that it was often difficult for them to talk to people about their problems and that they felt betrayed when services failed to provide them with support. They believed this was because workers saw them as children and did not respect their views. This was the focus of much frustration for young people, who often took this lack of support personally:

I dunno, Care and Protection did nothing. Nothing that we can say … I spoke to them once and they told me they went over there for half an hour and that she seemed perfectly fine, and I went “Hmmm, whatever” … They were called heaps and heaps. In one week, my mother was called on 5 or 6 times, but nothing happened. (Young man, aged 16)

Pretty much if [they] were actually listening to what people were telling them, that would do a whole deal of good … I keep telling them what was happening. I kept telling them that they needed to remove us, or at least the other kids. And they just wouldn’t do it. Because when they came around, they’d look and say, “This just looks perfectly fine”, and we were like, “That’s because you’re here. She knew you were coming. You called her to tell her”. (Young woman, aged 16)

What needs to be done

The young people spent time, both in their interviews and at a subsequent workshop, developing some recommendations for those working (or, more likely, not currently working) with young people in families affected by parental alcohol or other drug issues.

Young people recommend:

1. More recognition that young people are capable of making decisions for themselves and have a right to make their own choices.
2. Providing young people with realistic information about parental alcohol and other drug issues and the potential impact it may have on them.
3. Encouraging young people to seek help for themselves and their families, providing them with a safe, confidential environment to do so.
4. Ensuring that young people are supported by people they trust and who are willing to listen to them.
5. Developing strategies to help young people develop the skills and confidence they need to make informed decisions and take control of their lives.
6. Creating opportunities for young people to engage with others who have similar experiences and share their stories and challenges.
7. Encouraging young people to speak up and be advocates for themselves and their families.
8. Providing young people with access to support and resources they need to make informed decisions and take control of their lives.
9. Creating opportunities for young people to engage with others who have similar experiences and share their stories and challenges.
10. Encouraging young people to speak up and be advocates for themselves and their families.

Young people told us their stories, their experiences, and their suggestions for how we can support them better. They shared their struggles, their triumphs, and their dreams for a better future.
Talk to young people

Young people argued that most of the problems they encountered could be resolved if parents, workers and policy-makers spent time talking to young people about their needs. This was both at a broad systems level and also at the individual level:

They talk to the parent, but it’s not the parent … They’d be more helpful if they listened to what the kids had to say, because this kind of stuff really affects them badly, because they’re young and because they don’t understand. They pretty much go, “Holy crap, my whole life is falling apart. What do I do?” (Young man, aged 17)

They called for a dialogue where young people could talk about their concerns and where adults could explain what was going on and how the young person was going to be supported. This was seen as being vital, with many young people feeling let down by adults who seemed to either ignore their wishes or fail to act on their behalf:

They might have done stuff in the background, but if they don’t tell you what they’ve done, it’s as if they’ve, like, done nothing at all. That’s how we see it. If we don’t notice it, if we don’t see it, if we don’t get told about it, it’s never happened. And you get let down. Just another person who doesn’t give a shit about you. (Young woman, aged 16)

Provide family-focused support

Young people called for a more family-focused response to parental alcohol or other drug use. They believed that the current system was too divisive and led to a situation where resources were allocated to individuals rather than families. They felt that the supports divided the family rather than recognising that the issues were closely related. In saying this, they did believe that there were times when they needed workers to work with members separately, but that these efforts should aim to have positive outcomes for the family as a whole:

Maybe there should be something to support the child and the parent. Give the child opportunities to go out and do the things, to be a child. But do something for the parent to deal with their addiction. That way they’re helping both people. It’s still giving support to both. (Young woman, aged 17)

Provide seamless and effective service delivery

To be effective, young people felt that services needed to work together. They called for stronger relationships to be developed between organisations and sectors so that these partners could develop a collective responsibility for supporting the young person and their family. One young person gave the example of attending a case conference where each worker focused on what their individual program was unable to provide because of a lack of funding, rather than looking at how they might work with others to pool resources to meet the identified needs. He felt that workers, particularly his statutory worker, were unable to offer support in a timely fashion and that this was frustrating:

People were asking, “What about this? What about this?”, and she kept going, “I’ll have to see my superior, I’ll have to see my superior”. She had no answers for anyone who asked her. And Nan ended up
going, “Well, why the hell are you here then?” They are no good for anyone. That’s what you’re initially supposed to do—contact them or whatever, so why would you bother? (Young man, aged 17)

He said that he came away from the meeting feeling overwhelmed and hopeless: he wished that people had a “can do” rather “can’t do” attitude.

As already discussed, young people felt that they needed to develop trustworthy and supportive relationships with workers. Opportunities to develop and sustain these relationships were hampered by the rapid turnover of staff. Young people advocated for a system that enabled some continuity of care:

He was really great. He had a great relationship with [my brother] … But he had to leave, so he was going to hand [my brother] over. But he left and nothing was organised. So everything for [my brother] went to a standstill. There was nothing, and everything that was going well was wasted. (Young man, aged 16)

Discussion and conclusion

The young people in this small exploratory study faced a myriad of inter-related and complex issues that were not limited to their parent’s alcohol or other drug issue. Compounding issues included, parental mental health issues, family conflict and separations, neglect, isolation and poverty. These issues made their lives extremely complex and challenging, and secrecy, fear and stigma created innumerable barriers to getting their and their families’ needs addressed adequately. The young people had low levels of engagement with services, and even when they were engaged, most said they were not receiving the level of support that they and their families required.

The young people were strong and resilient but also vulnerable. They had survived and were still trying to survive through tough times. They require support and help to ensure their safety and wellbeing and to reduce some of the negative impacts they suffer as a result of being in a family where alcohol or other drugs caused difficulties. However, for this to eventuate, some urgent and comprehensive changes need to be made to the social policy and service system landscape.

Adopting a family-focused approach

The most obvious change is related to how services respond to these young people. Services from all sectors need to be more holistic and family-focused rather than maintaining the current practice directed to individuals. This need for change was voiced strongly by the majority of the participants in this study and mirrors the position of a number of recent commentators (Dawe et al., 2007; Grant, Repper, & Nolan, 2008; Halpenny & Gilligan, 2004; Scott, 2009; Warren & O’Brien, 2007).

Young people wanted services to acknowledge both the strengths and challenges of their families. They needed the issues that they faced to be placed within their environmental and family context, so that they could be better understood and responded to. The importance and influence of family on these young people’s lives is obvious and needs to be taken into account by services as a central premise when working with them. This does not always mean involving all family members in the support that is provided by a service, but rather the acknowledgment that young people’s lives are not led in isolation to their family and the issues that their families face. The place of extended family members and the support that they often provide to these young people also needs to be recognised and actively supported.

Young people need services to provide them with the permission and opportunity to talk about their families. They want to know that services are prepared to listen to what is going on for them at home and to know that they will take a broader and more holistic view of their lives. Therefore, as a matter of course, family issues need to be covered in routine assessment procedures that should be carried out with any young person, regardless of where and how they enter the service system.

Core service system issues

Young people need services from all sectors to demonstrate, by way of practice, that statutory child protection is not solely responsible for responding to their family’s issues and ensuring their safety and wellbeing. Supporting families and protecting children from harm should be a priority of all services.
Although it seems a simple request, all of the young people stated that they wanted their families as well as themselves to be treated with respect by services. They also said they needed workers whom they could trust. However, before this could occur, it was necessary for key people in their lives to provide supportive referrals to these workers. They wanted workers to be reliable and to follow through on the support that they said they would provide and to help connect them in with other support networks and their wider community.

For many of the young people in this study, it seemed as if it was up to them to identify their problems and needs and to navigate a complex service system in order to seek assistance. However, this burden needs to be shared by those people that come into frequent contact with these children and young people, such as schools, community groups and services across the spectrum of health and welfare services. Young people need advocates from all of these readily available sectors who are willing to provide support and assistance until consistent, reliable and appropriate supports can be put in place for them and their families.

These changes, if implemented, will make it possible to address the needs of this marginalised and “invisible” group of young people that have had their needs ignored for too long.

The benefits of listening to young people

Research that directly elicits young people’s experiences is becoming a more regular practice. This project highlights the value of enabling young people to express their views, identify their needs and provide important information about what they think would assist them. However, many of the young people observed that this was the first time that they had been asked to think about their circumstances or consider their needs. One suggested that she thought that this was because adults were often afraid about what they might uncover if they asked. She believed, however, that positive changes could only be achieved if adults were able and willing to talk with young people and find solutions together.

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“What is the justice system willing to offer?”
Understanding sexual assault victim/survivors’ criminal justice needs

Haley Clark

Research has established that sexual assault is widespread and its harms are significant to individual victims, families and society more broadly (Morrison, Quadara, & Boyd, 2007; VicHealth, 2004; World Health Organization [WHO], 2000, 2002). In April 2009, the Australian Government (2009) positioned itself as having “zero tolerance” towards violence against women and children, and declared that, “Laws must be strong enough to hold perpetrators to account and offer justice and safety for victims and their families”.

Currently, the criminal justice system is the primary institution available for responding to sexual offences, yet this system is underused and largely ineffective at prosecuting cases (Australian Bureau of Statistics [ABS], 2010; Daly & Bourhours, 2009). Extensive changes have been made to sexual assault law and procedures over the past forty years, and there has been increasing emphasis on responding to the needs of victim/survivors of sexual assault (and crime victims more broadly) within Australian criminal justice systems. This has been demonstrated through, for example, the introduction of victims’ rights charters throughout Australia, the provision of specialist victim support services, and governments investing money into reforms aimed at improving support for and responsiveness to the needs of victim/survivors of sexual assault (see, for example, Victorian Law Reform Commission [VLRC], 2006). However, research indicates that reforms have not translated into significant change at an operational level (Heenan & McKelvie, 1997; Jordan, 2001, 2004; Leivore, 2003, 2005; Stubbs, 2003; VLRC, 2001, 2003, 2004). Reporting rates remain low, attrition rates are high (ABS, 2010; Leivore, 2003; Daly & Bourhours, 2009) and victim/survivors continue to report experiencing the justice system’s procedures, particularly trials, as re-traumatising and re-victimising (Heath, 2005; Koss & Achilles, 2008; Orth & Maercker, 2004; Taylor, 2004). The limited success of these reforms arguably may be attributed to their restricted focus. Indeed, key problems underlying prosecuting cases of sexual assault have not been addressed, including problems with the design of the legal system (particularly adversarial processes) for responding to the justice needs of the victim/survivors, as well as evidentiary issues that result from perpetrator strategies and power disparities that underlie sexual offending (Clark & Australian Centre for the Study of Sexual Assault [ACSSA] Team, 2010; Cossins, 2000, 2006a, 2006b).

Victim/survivors are placed in a central yet compromised position within the criminal justice system, and two interrelated aspects facilitate this. First, there is the nature of sexual assault—it regularly occurs in private, the victims themselves are often the only witness, there are generally long delays before disclosure, there is rarely any physical evidence and the case often centres on issues of credibility. Secondly, the entrenchment throughout society of misconceptions and stereotypes about victim/survivors (for example, that women and children routinely lie and fantasise about sexual assault, and that women are responsible for their own victimisation) infiltrates the justice system. Together, these aspects pose a unique set of challenges to the traditional processing of cases.”
Given victim/survivors’ poor experiences with system procedures and the poor likelihood of securing a conviction against a sexual offender, the idea of victim/survivors obtaining a sense of justice from the criminal justice system appears remote, even in the face of significant substantive law and procedural reforms. Yet the criminal justice system is customarily considered the primary institution for responding to such crimes. Reforms need to move beyond focusing on reducing victim trauma within current system structures, and towards addressing how the system can be responsive to victim/survivors’ individual justice needs.

Key to developing system procedures that are more responsive to victim/survivors’ needs is investigating what justice means to victim/survivors of sexual assault, as well as what aspects they consider important in criminal justice procedures. Victim/survivors’ understandings, needs and experiences provide a starting point for developing policies aimed at improving responses to sexual assault. Yet, to date, there has been little research on how victim/survivors personally understand justice and how this applies to various aspects of criminal justice processes.

This paper addresses this research gap by drawing on the narratives of 22 adult victim/survivors of sexual assault about their understandings and experiences of criminal justice. Specifically, the paper identifies what justice means to these victim/survivors and discusses four key aspects that relate to their procedural justice needs: information, validation, voice and control. The paper concludes by discussing the implications of these themes, exploring the challenges that they present to contemporary criminal justice approaches and suggesting what might be some next steps for developing procedures that are responsive to victim/survivors’ justice needs.

Research method

A qualitative research approach was taken to establish an in-depth understanding of victim/survivors’ knowledge and experiences of justice and criminal justice system responses. Semi-structured interviews were used to gain participants’ experiences, views and opinions in their own words, without predetermining the exact content. This approach to interview structure enabled participants to define and discuss their experiences and, at the same time, keep the information relevant to the research questions (see Chatzifotiou, 2000). Such research methods have been acknowledged as being particularly suitable to explorative research, where a sound understanding of participants’ experiences is sought (see Denzin & Lincoln, 2000; Kitzinger & Wilkinson, 1997; Olesen, 2005). These methods (when conducted with care and sensitivity) are also considered particularly appropriate for researching sexual assault from an ethical perspective, because they promote participant control over the content, create an environment where participants can develop meaning for their unique experience, and demonstrate a commitment to “give voice” to the knowledge and expertise of research participants (Olesen, 2005; Reinharz, 1992; Renzetti, 1997). This article focuses on one aspect of a larger research project: the criminal justice needs and experiences of victim/survivors of sexual assault.

Participants

Sampling method

Participants who had experienced sexual assault (in adulthood and/or during childhood) were sought through sexual assault and family violence services and associated networks in metropolitan and rural Victoria. This “purposive sampling method” allowed for selecting information-rich cases rather than selecting a sample for the purpose of empirical generalisability (see Lincoln & Guba, 1985; Patton, 2002).

Reforms need to move beyond focusing on reducing victim trauma within current system structures, and towards addressing how the system can be responsive to victim/survivors’ individual justice needs.

Offending circumstances

Participants in the research comprised 22 adult victim/survivors, 13 of whom were adult victim/survivors of sexual assaults that occurred within the family, 12 of sexual assaults during childhood by their father, siblings and other relatives, and 3 of sexual assaults by their husbands or partners. Of these 22 participants, 3 were male and 19 were female. Almost half of the participants spoke about more than one separate instance of sexual assault being perpetrated against them by different offenders. The relationships between victim/survivors and the perpetrators included siblings, fathers, uncles, grandparents, acquaintances, husbands and strangers. Two victim/survivors discussed sexual assaults perpetrated against them by females (one was a significantly older sister, the other a mother who perpetrated together with the victim’s father on one occasion). A number of participants also discussed sexual abuse of their sisters, daughters, brothers and other relatives.

Involvement in the criminal justice system

Of the 22 participants who had experienced sexual assault, 8 had no contact with the criminal justice system and the remaining 14 had been in contact regarding their abuse: three perpetrators pled guilty, two cases went to trial and resulted in a guilty verdict, one case went to trial and the perpetrator was found not guilty, one case reached a committal hearing, four cases did not proceed beyond the police, and one case was currently being investigated by police at the time of interview. Three perpetrators were convicted for offences other than sexual offences against the participant. Many victim/survivors had also been involved in other formal and informal response mechanisms, such as church responses, crime compensation schemes, family law courts, civil proceedings, family mediation and counselling.

Key findings

The findings presented below begin first by considering how “justice” was broadly understood by adult victim/
survivors of sexual assault and how these understandings were translated into a system response to their experiences of sexual assault. The subsequent sections discuss the four aspects of criminal justice procedures that victim/survivors reported as being key to obtaining fair and just responses: information, validation, voice and control. Notably, there was as much overlap as variance in the responses given by victim/survivors of childhood sexual abuse compared to those who experienced sexual assault in adulthood, and also by those who were assaulted by a family member compared to those who were assaulted by non-family members. This indicates that the themes are more reflective of criminal justice system responses than of any particular category of victim or offence.

Justice

Participants emphasised that establishing justice was integral to criminal justice system responses, but the meaning of “justice” differed considerably according to individual participants. For some, justice involved retribution, while others sought official acknowledgement of the crimes, and yet others felt that community safety was their primary justice goal.

Victim/survivors in the study stated that justice was important to them, and they generally regarded the criminal justice system as the primary institution for providing justice in response to sexual offences. As one participant, Mandy, pointed out, “It’s very hard to think outside the system when the system is what you’ve got”. Participants reiterated that individual justice, as they understood it, could not ever really be achieved. They emphasised that attempts at redress would ultimately fall short: nothing could undo what had been done to them and no process would be able to fully compensate or make it up to them:

If you think of justice as a re-righting of wrongs, you can never undo the abuse, so there can never be [adequate] compensation or recourse or addressing of the wrongs in any form. It can never undo the injustice or the wrongdoing. So any form of justice that exists is an approximation; it’s the best or the closest you can come to acknowledging the depth of damage from the original wrongdoing. (Hannah)

Nonetheless, being provided with an avenue to achieve a meaningful sense of justice or, as Hannah puts it, an “approximation” of justice through a formal system response, was considered important by all the victim/survivors in the study. Participants emphasised that the criminal justice system should play a role in producing or facilitating justice for them (and for other victim/survivors of sexual assault).

The type of justice sought by victim/survivors through the criminal justice system was varied. Some survivors sought retribution, they wanted their perpetrator to receive punitive consequences:

I just thought, no, we are gonna pursue this. He is not getting away with this and I am not just gonna let this go. I’m not just gonna write this off. I want consequences to this and I want him to be punished. There really are, or there should be, very drastic consequences for people who step outside that line. (Danielle)

Participants considered the receipt of consequences as purposeful; a way to send direct messages to the perpetrator that sexual assault is not on and to promote deterrence from future offending. Many victim/survivors wanted the perpetrator to receive counselling or treatment as well or instead of a term of imprisonment in order to better influence desistance from future offending.

Other victim/survivors felt the priority should be that the harm and wrong of the offences be officially recognised and documented by system authorities:

I really wanted to have the criminal justice system to acknowledge that the crime had been committed and the enormous impact that it had on my life. I didn’t want the perpetrator to go to jail or anything like that, I just wanted an acknowledgement or something—but I didn’t get it, so I felt pretty ripped off. (Brenda)

Many approached the system for reasons other than to seek personal justice. Participants frequently expressed that they engaged the system for altruistic reasons, most often to identify a dangerous person to the authority for the protection of others:

It wasn’t so much justice in my mind but that I wanted to make sure he didn’t do it to anyone else. I kept quiet for 20 years, so I wasn’t so much after justice. I just wanted to protect others from him and that was my primary goal in going there. (Justin)

In this way, participants provided a complex picture of justice and what achieving it through a system would require. Participants understood justice to have multiple levels—individual, community and societal. Individually, they wanted authorities to acknowledge the wrongdoing and personal harm. They wanted the perpetrators to be identified, made accountable, and for them to receive consequences (such as imprisonment, treatment, relocation and/or providing financial compensation to the victim and sexual assault support services). On a local community level, they wanted family and friends to be educated on the wrong and harm of sexual assault, and for resources and support to be made available. On a societal level, they wanted authorities to identify sexual assault as a serious
issue and to establish mechanisms to prevent further sexual offending.

It was clear through the victim/survivors’ narratives that they wanted the criminal justice system to play an active role in delivering their justice needs. However, although many of the options suggested by participants are available through various legal jurisdictions throughout Australia, they are rarely realised, as the vast majority of perpetrators never come into contact with the criminal justice system (ABS, 2006), and the perpetrators who do are regularly not charged nor convicted for their crimes (ABS, 1996, 2010; VLRC, 2004). The vast majority of cases that enter the system do little to hold the perpetrator accountable, even in cases that result in conviction—most perpetrators maintain not guilty pleas, even after the case is finalised. Plea bargaining, a common legal practice, also encourages perpetrators to minimise and deny their offences.

Victim/survivors requested practical information that allowed them to make informed decisions about engaging with the system, and to prepare for the criminal justice processes.

Plea bargaining, a common legal practice, also encourages perpetrators to minimise and deny their offences. Perpetrators can make “no comment” statements to police and do not have to give evidence at trial. Further, stereotypes and misconceptions around sexual assault that blame the victim and excuse the perpetrator continue to prevail to some extent within both the Australian community (VicHealth, 2009) and criminal justice institutions (VLRC, 2004). Moreover, participants’ experiences of the criminal justice system were far removed from their ideals of justice. Rather, the system was described as being “re-victimising”, “threatening”, “a game about winning and losing” and “certainly not about justice.”

Information

The criminal justice system was considered, as one participant described, “a foreign land”. As such, victim/survivors repeatedly emphasised the value of having clear accessible information about the criminal justice system and its procedures. Victim/survivors in this study requested practical information about the various stages of the system, the key players, their role in the procedures, the potential implications for them of the legal processes, and possible outcomes. Such information was considered important by victim/survivors, as it allowed them to make informed decisions about engaging with the system, and to prepare for the criminal justice processes:

I would say I would want someone from the criminal justice system to come to me and speak very clearly—not get caught up in a whole lot of legal mumbo jumbo, but speak very clearly to me—and say what were my options [and] the procedures that would be gone through. (Rose)

The need for information about system processes emerges clearly, as victim/survivors spoke of not only a lack of information about the system but also a raft of confusing messages about their cases, which left them uncertain of
the system’s purpose, unaware of their rights, confused about police and legal procedures and frustrated with seemingly futile decisions:

I initially thought it was just going to be just something that will be put on record, and I was quite surprised, I was quite surprised when they said that they were going to investigate it, because I thought they wouldn’t; you know I was just making a statement. (Kane)

It would be better if they explained, “Well look, we’ve made a decision, can we make some time to see you? This is how the system works”, you know, and explain to me something or even say, “Um, look, I acknowledge that this happened to you; however, our system, blah blah blah”. I don’t know how they made the decision [not to prosecute the offender]. (Penny)

Victim/survivors regularly translated the lack of information and communication into a message about their relative (lack of) worth and status in the system. For example, Penny said, “Well, the message I got was it really isn’t important to the justice system”. Other research has likewise found that victim/survivors feel that the criminal justice system marginalises them and trivialises sexual assault (Herman, 2005; Koss, 2006; Riordan, 1999).

Victim/survivors who did receive information about the system expressed relief, as it provided them with forewarning about the system, and they were able to adjust and manage their expectations accordingly. However, victim/survivors who were better informed about the legal system’s handling of sexual assault cases (through research, and practitioners’ and others’ experiences) were more likely than those with less knowledge to view the system with frustration, and as being unethical and unjust. This is because the information they received emphasised their relatively marginal role in the procedures and highlighted system difficulties in handling cases; that is, the processes are often distressing for victim/survivors, cases have high rates of attrition out of the system, there are low conviction rates of those who go to court, there does exist systemic barriers to progressing cases (through research, and authorities’ experiences) when they felt both that the police were committed to the case and where charges were laid against the perpetrator.

Participants’ narratives emphasised that both mistrusting relationships with criminal justice representatives and outcomes that did not hold the perpetrator to full account led them to feel disbelieved and discredited, and that the veracity of their claims was undermined. In this way, an unsatisfactory outcome (such as the case not progressing beyond the police) could undermine even the most respectful, supportive treatment by system authorities. Nonetheless, participants overwhelmingly expressed satisfaction with the police (but not the system more generally) when they felt both that the police were committed to the case and where charges were laid against the perpetrator.

Further, victim/survivors requested more than belief being expressed to them by justice system authorities; they wanted an official acknowledgement that the crime occurred and of its profound impact on their life:

So, understanding, acknowledgement of not just the abuse—“cause that was acknowledged in my case—but of the damage that it caused. And then support and nurture during that time, rather than abandonment and rejection, which is what I got. (Carmen)

Victim/survivors wanted the system to recognise and respond to the impact of the assaults rather than to primarily concentrating on gathering evidence or questioning their experience. This need poses challenges to current
procedures that focus on gathering “facts” and that are governed by legal rules steeped in historic misconceptions that victim/survivors are not trustworthy (Boniface, 1994; Cossins, 2000, 2006a; Taylor, 2004).

The focus in the legal system is on events that happened: he did this on this day to me. Whereas there wasn’t much focus on the actual impact. But I reckon that the impact, you know, what might happen, might objectively seem to appear to be a small thing or a short thing, or a small event. But the impact that it’s had on the victim and everyone else is enormous. I think there needs to be more consideration taken about that. You know, it’s, because it’s such a horrendous violation of young girls and it really affects your whole development. So that’s what I wanted to say, don’t just focus on the “fact” of what happened. (Penny)

As illustrated in Carmen’s and Penny’s comments above, participants consistently emphasised that they wanted the justice system to play a role in supporting and validating their experiences of the assaults and the impacts they had on their lives. This finding is in line with Judith Herman’s (2005) study of victims of serious offences that also found that victim/survivors most frequently first sought validation followed by vindication by their communities. Validation was demonstrated by supportive, respectful interactions with officials, as well as mechanisms that held the perpetrator accountable. Ultimately, these were demonstrated through the actions that were taken; outcomes such as a police charge, conviction, and the offender being publicly denounced and sentenced.

Currently, however, victim/survivors’ aspirations for the system to provide them with belief, validation and vindication are rarely achieved. Providing official acknowledgement of a crime is difficult within the criminal justice system given the constitutional limitations of the law designed to protect the accused against the powers of the state (Herman, 2005). Moreover, research has demonstrated a history of distrust of victims of sexual assault among criminal justice representatives and the public generally, which still remains prevalent. Although victim/survivors are the least likely of all victims to report their victimisation to police (VLRC, 2004), and research demonstrates that false reports are rare (Heenan & Murray, 2006; Kelly Lovett & Regan, 2005), misconceptions and negative stereotypes about sexual assault, including the belief that victim/survivors regularly lie about being assaulted, continue to be pervasive in police cultures and the criminal justice system more generally, and affect the progression of the case through the criminal justice system and the treatment of survivors of sexual assault (Campbell & Johnson, 1997; Gregory & Lees, 1999; Heenan & Ross, 1994; Jordan, 2001, 2004; Kelly, 2001; Kelly et al., 2005; Reiner, 2000; Runnery, 2006; Temkin, 1999, 2002).

Given the emphasis the participants in this study placed on receiving validation through formal mechanisms, the introduction of official procedures to meet this need may well need to be considered. This might include state-sanctioned events or ceremonies during which victim/survivors’ testimonies are welcomed, officially recorded and vindicated by officials, and where they are provided with an outcome that demonstrates a commitment to supporting their individual healing needs and preventing sexual assault in the future.

**Voice**

Participants advocated for a forum through which they could voice their experience. For many, the most

Those who were directly involved in a committal hearing and trial process found this aspect of the criminal justice process particularly frustrating and traumatic.
customary place for this was a courtroom. Many stipulated that they wanted their “day in court”. This aspiration was deflated when they learned about what their role within a committal hearing and trial would entail. Trial processes are notorious for their poor treatment of victim/survivors of sexual assault (Eastall, 1998; Lees, 2002; Orth, 2002; Taylor, 2004). Indeed, Judith Herman (2005) argued that “if one set out intentionally to design a system for provoking symptoms of traumatic stress, it might look very much like a court of law” (p. 574).

Those who were directly involved in a committal hearing and trial process found this aspect of the criminal justice process particularly frustrating and traumatic. It did not allow victim/survivors to tell their story as a whole or to explain what the assault meant to them. Other research, particularly analyses of court narratives, has emphasised how victim/survivors’ stories get reconstructed into that of the defence (Rush; 1997; Taylor, 2004; Young, 1998). Victim/survivors in this study who went through a court process found the de-contextualisation and reworking of their story within the trial and committal to be particularly distressing and unjust. More than silencing their voice and undermining their experience, these victim/survivors felt they were manipulated, humiliated, degraded and forced to endorse lies:

In the end it was disempowering. In the end I couldn’t speak my truth. There was no space to speak my truth whatsoever. And the words that I had spoken, the contexts were twisted and used to say the opposite to what I meant. So it did the opposite. It didn’t just not enable me to speak my truth, it actually spoke lies using my words. (Hannah)

Given that exposing the truth, often after many years of silence and shame, was a major incentive for victim/survivors to engage with the system, the reconstruction of their stories into “lies” in a formal justice proceeding was incredibly distressing. Overcoming this barrier to victim/survivors’ justice needs is constrained by the adversarial approach used in Australian legal systems. Herman (2005) argued that victims need an opportunity to tell their stories in their own way, in a setting of their choice, whereas the court requires them to respond to a set of yes/no questions that break down any personal attempt to construct a coherent and meaningful narrative. Further, the adversarial trial has been criticised for its focus on proof and credibility rather than truth (Moisidis, 2008; Taylor, 2004) and for elevating the interests of the legal parties and destruction of the opposition’s case over the need or desire to find the truth or to secure justice more broadly (Auld, 2001; Streir, 1994; Wexler 2009). Participants in this research, on the other hand, advocated for having a more inclusive approach to evidence, being able to provide the full context and offending circumstances, being given the opportunity to voice their story, highlighting the impacts of the assaults, and exposing their understanding about the truth of the sexual offending.

Control

In this research, victim/survivors understood that they were central to their case. However, sexual offences are processed by the criminal justice system as harms against the state, not individual victim/survivors. As such, the state is represented as the adversary of the defendant in a criminal trial. In this system, victim/survivors are witnesses not clients, and complainants not victims. They are thus afforded little, if any, control over decisions relating to the case. Indeed, referring to the position of victims in the justice system, McBarnet (1983) stated that “if victims feel that nobody cares about their suffering, it is in part because institutionaly nobody does . . .” (p. 300; emphasis original). Participants in this study, in line with past research (Herman, 2005; Koss, 2006), were shocked and concerned when they realised that their interests were not a priority to the system and that they lacked control over critical decisions, including whether and how their case was pursued:

You know, I’m a person being violated in, I would say, one of the worst ways a person could be violated, and I get this little letter to say, “Sorry it’s not really important”. For the criminal justice system to say, “Well it’s not worth our pursuing”, that’s the bit that’s been the hardest. Apart from the abuse itself, that part has been really hard. It almost felt like being abused again. (Penny)

As demonstrated in Penny’s comment, decisions on pursuing cases highlighted the disjuncture between the legal system’s operation and individual victim/survivors’ justice needs, including the messages it sent to them about the seriousness of the crimes committed against them. The prioritisation afforded to proceeding with certain cases over others seemed to denigrate the value of their experience, question their credibility as a person, and repeat the position of insignificance that the perpetrators put them in.

The lack of status, power and control over the process that comes with reporting the crimes was a significant barrier to victim/survivors wanting to engage with the system and a significant disincentive to reporting:

In actually initiating that police statement, once it gets in the process I felt [that] I was handing over a lot of control to them. And basically, they wanted me to follow through with it. It was sort of like, "Well, we’re going to do all this work for you. You know, if you go and pull out, this is your credibility at stake". And I found that difficult to handle. (Rose)

We were advised that if we made a statement, then the police, if there was enough evidence as they believed in the statement that they would charge him [sic]. And I kind of thought that that was a bit unfair, because you know I really only just wanted them to know that there was a man out there with his problem and how they could protect other people. (Felicity)

Indeed, research shows that regaining a sense of control over one’s life following sexual assault is integral to beginning the healing process (Lebowitz, Harvey, & Herman, 1993) and the loss of control that comes with reporting the crime to police may be counter to individual healing needs.

Victim/survivors in this study differed on the extent to which they wanted to be involved in the process. Some wanted to have little involvement, while others wanted to play a central role in the official procedures. Irrespective of the level of involvement they wanted, most (13 of the 14 victim/survivors whose crimes were reported to police) found that they were largely excluded from the process, not consulted on their case progress and not able to fully
contribute in a way that they believed would be helpful for prosecuting the case:

And at no stage, um, of any of the process of this thing have they even attempted to speak to, like myself, his ex-wife, to see if there’s anything in his past or anything, and I just find that is just ludicrous, because how is that getting a clear picture? (Lucy)

Strong advocacy and representation were important to victim/survivors, more so than the ability to have personal decision-making power. Indeed, as much as participants desired control over whether their case would proceed, decision-making power was identified as a potential burden of responsibility, and something that individual victim/survivors may not have the confidence or expertise to undertake. For instance, although participants wanted their perpetrators to receive consequences for the crimes, no participants expressed a desire to be personally responsible for assigning a particular sentence.

While having their story heard was important to victim/survivors in this study, some did not want to be involved in the legal procedures directly. Rather, they desired to have their voice represented through strong advocacy and representation throughout the system. Ensuring that the system is transparent about, and accountable for, decisions not to proceed was also requested by victim/survivors. They wanted to be kept informed about their case, have their needs respected and interests represented, and to have community safety prioritised. In this way, system accountability to victim/survivors (and communities) may be more helpful than requesting that victim/survivors become more involved in legal procedures or being delegated with decision-making power over their case. As it stands, however, victim/survivors have little status within the system and their needs (although increasingly recognised) are not prioritised. They do not have access to an official system representative, such as their own legal council, and there is little system accountability for the impact that its processes have on them.

Conclusions

I would have to ask this: What is the justice system willing to offer? (Rose)

Sexual assault against children and adults is recognised as a heinous offence that warrants responses that see victims/survivors achieve justice, hold perpetrators accountable and uphold the safety of the community. However, meeting these requests within current criminal justice system procedures is difficult. Child sexual abuse and adult sexual assault are crimes commonly perpetrated under a veil of secrecy, with no witnesses and, by the time victim/survivors come forward, often no physical evidence. This makes the criminal justice system a forum where the primary contest is often about establishing who is more credible, and where the most vulnerable victim/survivors are often the least convincing.

Further, in providing legal responses to sexual assault, we rely on victim/survivors to come forward and cooperate with the criminal justice system. However, rather than being rewarded for coming forward, victim/survivors’

Although victim/survivors are the least likely of all victims to report their victimisation to police, and research demonstrates that false reports are rare, misconceptions and negative stereotypes about sexual assault, including the belief that victim/survivors regularly lie about being assaulted, continue to be pervasive in police cultures and the criminal justice system more generally.
To hold the perpetrator to account for his crimes

Voice
A forum to tell their story in their words to a supportive and receptive audience
The context and circumstances of the offending to be included in proceedings

Control
Representation, consultation and decisions made in their best interests
Victim discretion to proceed with or withdraw the complaint
System accountability to proceed with their complaint through to prosecution

Outcomes
Retribution and punishment
An official record
Safety and protection
Recognition that individual justice needs are diverse

A majority of perpetrators undetected
Imprisonment and treatment orders as sentencing options but conviction rare
Response options that do not prioritise victim/survivors’ individual justice needs

endnotes
These aspects also have significant implications for those from marginalised and vulnerable populations. In a review of the legal system, the Australian Law Reform Commission (ALRC, 1994) concluded that women are systematically discriminated against within the legal system, including in cases of sexual assault. Further disadvantages are faced by victim/survivors who are, for example, Aboriginal (McGlade, 2006; Potti & Taylor, 2007), from a non-English speaking background (Aldunate, 1999; Neame & Heenan, 2003), have a mental illness or other disability (Heenan & Murray, 2006, Laevore, 2004), work in the sex industry (Banach & Metzenrath, 2000, Neame & Heenan, 2003), or who were sexually assaulted during childhood (Taylor, 2004).

2 These figures do not sum to the exact sample size because a number of participants discussed multiple sexual assaults perpetrated by different offenders. For example, during interview, one participant referred to having been sexually assaulted by her father in childhood and also by a partner in adulthood. Likewise, some participants had reached different stages within the criminal justice system for sexual offences perpetrated by different people.

References


Haley Clark is a Senior Research Officer at the Australian Centre for the Study of Sexual Assault. The research referred to in this article relates to her PhD research, which is currently being undertaken at the University of Melbourne.
Family violence

Key findings from the Evaluation of the 2006 Family Law Reforms

Rae Kaspiew, Matthew Gray, Ruth Weston, Lawrie Moloney, Kelly Hand, Lixia Qu and the Family Law Evaluation Team

The Australian Institute of Family Studies’ (AIFS) Evaluation of the 2006 Family Law Reforms (Kaspiew et al., 2009) found that one of the central challenges facing the family law system is family violence. A substantial minority of separated parents reported having experienced physical violence, and over half reported having experienced emotional or physical violence.

Concerns about the way in which the family law system deals with family violence are longstanding and pre-date the 2006 reforms (e.g., Family Law Pathways Advisory Group, 2001). Family violence is recognised internationally to be one of the most complex issues for legal systems in general, and family law systems in particular, to deal with effectively (e.g., Ver Steegh & Dalton, 2008).

The data collected as part of the AIFS evaluation highlighted the difficulties faced by those working in the family law system (service system professionals, lawyers, court staff and judicial officers) when working with families affected by family violence. Challenging issues include identifying whether there is family violence, the nature of the violence, whether it is ongoing and the most appropriate responses. Dealing with family violence in the family law context is difficult because of its prevalence in separating families, combined with the fact that there is often little or no evidence because most family violence occurs behind “closed doors”, without witnesses. It is also difficult because a parent may be too frightened of their ex-partner to tell anyone about the violence, let alone a court.

The policy objectives of the 2006 changes to the family law system were to:
- help build strong healthy relationships and prevent separation;
- encourage greater involvement by both parents in their children’s lives after separation, and also protect children from violence and abuse;
- help separated parents agree on what is best for their children (rather than litigating), through the provision of useful information and advice, and effective dispute resolution services; and
- establish a highly visible entry point that operates as a doorway to other services and helps families to access these other services.
The quality of the parental relationship post-separation is likely to be an important predictor of the extent to which parents are able to cooperate in making and implementing post-separation parenting arrangements in ways that are beneficial to children.

the system has some way to go in developing an effective response to family violence.1

This article examines key aspects of the evaluation’s evidence on family violence, beginning with a discussion on prevalence. The subsequent sections discuss findings on relationship quality where there has been family violence and on child wellbeing in the context of such a history. Finally, the article examines data on the pathways taken through the family law system by parents who report a history of family violence, and the views of relevant professionals with regard to how the system is serving such families.

Prevalence of violence and safety concerns

The first wave of the Longitudinal Study of Separate Families (LSSF W1 2008) was an important component of the evaluation. Interviews were conducted with some 10,000 parents (around 5,000 mothers and 5,000 fathers with at least one child under 18 years old) who had separated after the 2006 reforms and who were registered with the Child Support Agency. At the time of the survey, parents had been separated for an average of 15 months. For the most part, the child-related questions focused on one child only (the “focus child”).

This section uses data from the LSSF W1 2008 to examine the incidence of family violence before and during separation, and the proportion of parents who held concerns about personal or child safety relating to ongoing contact with the other parent.

The measures of family violence focused on physical hurt or emotional abuse.2 One in four mothers (26%) and one in six fathers (17%) said that their former partner had “physically” hurt them prior to separation (Table 1). Most of these parents also reported that their former partner had emotionally abused them.

Thirty-nine per cent of mothers and 36% of fathers reported having experienced emotional abuse alone. Just over one-third mothers (35%) and just under half of the

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Experience of physical hurt before separation, or emotional abuse before or during separation, fathers and mothers, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fathers</td>
</tr>
<tr>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Physical hurt *</td>
<td>16.8</td>
</tr>
<tr>
<td>Emotional abuse alone</td>
<td>36.4</td>
</tr>
<tr>
<td>No violence reported</td>
<td>46.8</td>
</tr>
<tr>
<td>Total</td>
<td>99.9</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>4,918</td>
</tr>
</tbody>
</table>

Notes: * Physical hurt includes those who experienced both physical hurt and emotional abuse, given that the majority of parents who experienced physical violence also experienced emotional abuse. Percentages may not total 100.0% due to rounding.

Source: LSSF W1 2008
fathers (47%) said that they had not experienced physical violence or emotional abuse.

In considering these data, particularly in terms of gender patterns, it is important to recognise that many issues were not examined in collecting the information, including whether the acts were aggressive or defensive in nature, the severity and chronicity of the behaviours, and subjective aspects, including intent and impact.

A relatively high proportion of parents (72% of mothers and 63% of fathers) who reported being physically hurt by their ex-partner before separation said that their children had witnessed violence or abuse.

Parents who participated in the LSSF W1 2008 were also asked to indicate whether they currently held safety concerns for themselves and/or their focus child as a result of ongoing contact with the child’s other parent. Seventeen per cent of fathers and 21% of mothers reported holding such concerns (Table 2).

A higher proportion of mothers than fathers (8% compared with 3%) were fearful both for themselves and their child, while a slightly higher proportion of fathers than mothers (12% compared with 9%) expressed concerns about the focus child only. While mothers’ concerns were predominantly about the child’s other parent (92%), fathers’ safety concerns were about a broader range of people in the child’s life: 68% of fathers reported concerns about the child’s other parent; 18% were concerned about the other parent’s new partner; and 28% were concerned about another adult. Mothers with safety concerns had tried to limit contact with the other parent at twice the rate of fathers (50% compared with 24%).

The evaluation findings on parents’ descriptions of the quality of the inter-parental relationship where a history of family violence had been reported highlight the complex nature of the issues raised by such a history. Parents in the LSSF W1 2008 were asked to indicate which of five descriptors best suited the current state of their relationship

Table 2 Current safety concerns, fathers and mothers, 2008

<table>
<thead>
<tr>
<th></th>
<th>Fathers</th>
<th>Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety concerns for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both focus child and self</td>
<td>2.6</td>
<td>8.4</td>
</tr>
<tr>
<td>self</td>
<td>1.6</td>
<td>3.6</td>
</tr>
<tr>
<td>focus child</td>
<td>12.3</td>
<td>9.1</td>
</tr>
<tr>
<td>no concerns</td>
<td>83.5</td>
<td>79.0</td>
</tr>
<tr>
<td><strong>Number of respondents</strong></td>
<td>4,825</td>
<td>4,772</td>
</tr>
<tr>
<td>Of those reporting safety concerns, concerns related to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>child’s other parent</td>
<td>68.3</td>
<td>92.3</td>
</tr>
<tr>
<td>the other parent’s new partner</td>
<td>18.0</td>
<td>8.0</td>
</tr>
<tr>
<td>another adult</td>
<td>28.0</td>
<td>11.2</td>
</tr>
<tr>
<td>another child</td>
<td>5.8</td>
<td>2.5</td>
</tr>
<tr>
<td>don’t know</td>
<td>4.4</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Number of respondents</strong></td>
<td>831</td>
<td>1,033</td>
</tr>
<tr>
<td>Of those reporting safety concerns:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attempted to limit contact with other parent</td>
<td>24.3</td>
<td>50.1</td>
</tr>
<tr>
<td><strong>Number of respondents</strong></td>
<td>820</td>
<td>1,016</td>
</tr>
</tbody>
</table>

Source: LSSF W1 2008

Table 3 Quality of inter-parental relationships, by experience of family violence, before separation, fathers and mothers, 2008

<table>
<thead>
<tr>
<th></th>
<th>Fathers</th>
<th>Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical hurt</td>
<td>16.0</td>
<td>22.8</td>
</tr>
<tr>
<td>Emotional abuse alone</td>
<td>22.8</td>
<td>31.1</td>
</tr>
<tr>
<td>Neither</td>
<td>52.5</td>
<td>31.1</td>
</tr>
<tr>
<td>Physical hurt</td>
<td>15.8</td>
<td>23.5</td>
</tr>
<tr>
<td>Emotional abuse alone</td>
<td>24.9</td>
<td>30.3</td>
</tr>
<tr>
<td>Neither</td>
<td>57.2</td>
<td>27.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.1</td>
</tr>
<tr>
<td><strong>Number of respondents</strong></td>
<td>812</td>
<td>1,802</td>
</tr>
</tbody>
</table>

Note: Percentages may not total 100.0% due to rounding.
Source: LSSF W1 2008
with the other parent: friendly; cooperative; distant; lots of conflict; or fearful.

Clearly positive relationships (friendly or cooperative) were reported by a substantial minority of parents who reported earlier experiences of physical hurt (36% of fathers and 39% of mothers), and at least half the parents who reported having experienced emotional abuse alone (55% of mothers and 50% of fathers) (Table 3). Distant or clearly negative relationships (lots of conflict or fearful), were reported by most parents who said that their partner had hurt them prior to separation (61–64%), and by around half the fathers and 45% of the mothers who reported emotional abuse alone. By contrast, all except 15–16% of parents who had not experienced any family violence described their relationships in clearly positive terms.

Although applying to a minority of parents, mothers were more likely than fathers to report being fearful of their ex-partner, with fearful relationships being reported by 11% of fathers and 19% of mothers who reported experiencing physical hurt, and 4% of fathers and 5% of mothers who reported emotional abuse alone. Although applying to a minority of parents, mothers were more likely than fathers to report being fearful of their ex-partner, with fearful relationships being reported by 11% of fathers and 19% of mothers who reported experiencing physical hurt, and 4% of fathers and 5% of mothers who reported emotional abuse alone.

The quality of the parental relationship post-separation is likely to be an important predictor of the extent to which parents are able to cooperate in making and implementing post-separation parenting arrangements in ways that are beneficial to children. Encouraging such cooperation between parents was a key goal of the 2006 reforms (see text box on page 38). The evaluation findings are consistent with those of previous research (e.g., Pryor & Rodgers, 2001) in highlighting links between relationship quality and child wellbeing.

Experience of mental health problems, alcohol/drug misuse, or other addictions before separation

The complexity of issues that confront many separated families is further indicated by the extent to which mental health problems or addiction are reported by recently separated parents. Half the mothers and about one-third of the fathers reported that at least one of four issues—mental health problems, alcohol or other drug use, gambling, or another addiction—had been present prior to separation (Table 4).

There was significant overlap between the presence of one or more of these issues and reports of family violence. For example, the majority of parents who said that they had been physically hurt also reported that one or more of these four issues had been present in the relationship prior to separation (75% of mothers and 64% of fathers).

There was also a significant overlap between having experienced emotional abuse alone and these family problems, with 58% of mothers and 44% of fathers who reported emotional abuse alone also indicating one or more mental health and/or addiction issues in the pre-separation relationship. Only 9% of fathers and 13% of mothers indicated that they had been physical hurt where no mental health problems or addiction issues were present in the relationship.

Patterns in care-time arrangements

As indicated at the beginning of this article, key objectives of the reforms were to encourage greater involvement of both parents with children after separation and to protect children from harm from direct or indirect exposure to family violence and child abuse. The parental involvement objective was supported legislatively through, among other provisions, the introduction of a presumption in favour of equal shared parental responsibility (Family Law Act 1975 (Cth)(FLA) s61DA). Orders made pursuant to the presumption of equal shared parental responsibility (FLA s61DA) trigger an obligation on the court to consider making an order for equal or substantial and significant time (FLA s65DAA). The need to exercise care in making arrangements where there are concerns about family violence and child abuse is recognised in a range of ways in the legislation. Importantly, circumstances where there are reasonable grounds to believe a party has engaged in family violence or child abuse are exceptions to the application of the presumption of equal shared parental responsibility (FLA s61DA(2)).

Table 4 Mental health problems and addiction issues, before separation, fathers’ and mothers’ reports, 2008

<table>
<thead>
<tr>
<th></th>
<th>Fathers</th>
<th>Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problems</td>
<td>22.7</td>
<td>29.1</td>
</tr>
<tr>
<td>Alcohol or other drug use</td>
<td>20.1</td>
<td>36.5</td>
</tr>
<tr>
<td>Gambling</td>
<td>0.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Other addictions</td>
<td>2.5</td>
<td>3.2</td>
</tr>
<tr>
<td>None of the above</td>
<td>64.7</td>
<td>49.8</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>4,983</td>
<td>5,019</td>
</tr>
</tbody>
</table>

Note: Multiple types of issues could be reported, so column percentages sum to more than 100.0%.
Source: LSSF W1 2008
where children spend 35–65% of nights per year in the care of each parent, remained in the minority (16% of separated families), although there is evidence that such arrangements have been increasing gradually (Kaspiew et al., 2009; Smyth 2009). Only 7% had arrangements where children spend 48–52% of nights with each parent (“equal care time”). The LSSF W1 data suggest that those with a shared care-time arrangement were as likely as or more likely than those with some of the other care-time arrangements to report the experience of family violence and even safety concerns. For example, around 70% of mothers with equal or shared care time reported having experienced physical or emotional abuse, compared with 64% of mothers who cared for their child for 66–99% of nights (the most common of all arrangements) (Kaspiew et al., 2009, Figure 7.30). Safety concerns, on the other hand, were reported by 16–20% of fathers and mothers with equal care-time arrangements, by 16–20% of fathers and 18–19% of mothers with a shared care-time arrangement, and by 18% of fathers and 19% of mothers whose child spent 66–99% of nights with the mother (Kaspiew et al., 2009, Figure 7.31).

Parents with shared care-time arrangements were more likely than parents with other arrangements to have made their arrangements with formal assistance, including family dispute resolution, lawyers and courts. Between 13% and 17% of shared care-time parents with safety concerns reported using counselling, mediation or family dispute resolution as their main pathways, compared with 6–7% of shared care-time parents without safety concerns. The safety concerns group of shared care-time parents reported using lawyers more frequently than the shared care-time parents without safety concerns (15–18% compared with 4–5%). The safety concerns group of shared care-time parents reported using courts as a main pathway (15% fathers and 8% mothers) more often than shared care-time parents without safety concerns (2%) (see Kaspiew et al., 2009, p. 232).

Family violence, parental relationship quality and child wellbeing

A rationale for the second family law reform policy objective noted at the beginning of this article was that it is generally beneficial for children to spend time with each parent after separation and to have parenting arrangements that maximise the opportunity for the child to have meaningful involvement with each parent. However, the policy objectives also recognised that it is necessary to protect children from harm from exposure to abuse, neglect and family violence.

In the context of the policy objectives concerning parental involvement and protection from harm, a relevant concern is whether shared care-time arrangements exacerbate any negative impacts of parental separation on children's wellbeing if their parents are locked in a high level of conflict or have a history of violence. Concerns have also been raised about the potentially detrimental impact of shared care-time arrangements on the developmental needs of very young children (e.g., McIntosh & Chisholm, 2008).

As part of the evaluation, the impact of the following aspects of children’s post-separation experiences on their wellbeing were assessed:
- care-time arrangements;
- the quality of the inter-parental relationship post-separation;
- safety concerns post-separation; and
- the existence of violence pre-separation.

Child wellbeing measures

A number of measures of children’s wellbeing was collected in the LSSF W1 2008. Some of the measures
were of low levels of wellbeing (sometimes termed “ill-being”), some were measures of high levels of wellbeing, and others covered dimensions ranging from positive to negative (i.e., from low to high levels of wellbeing).

The dimensions examined were:

- overall health of the child (all ages);
- learning compared with other children (children aged 4+ years);
- getting along with other children of the same age compared with other children (children aged 4+ years);
- how they were doing in most areas of life compared to other children (children aged 4+ years);
- conduct problems (externalising behaviours) (children aged 4+ years)—measured using the Strengths and Difficulties Questionnaire (SDQ);
- emotional symptoms (internalising behaviours) (children aged 4+ years)—SDQ; and
- behavioural problems (children 1–3 years of age)—Brief Infant-Toddler Social and Emotional Assessment (BITSEA).

A more detailed discussion of the measures of wellbeing is provided in Chapter 11 of the evaluation report (Kaspiew et al., 2009).

The analysis was primarily based on data from the LSSF W1 2008. The results suggest that, compared with children who spent 1–34% of nights with their father or saw him during the daytime only, the developmental progress of children with shared care-time arrangements was similar (or perhaps marginally better), while the progress of children who never saw their father was worse (Figure 1).

Furthermore, children appeared to do better if their parents’ post-separation relationship was friendly rather than distant, conflictual or fearful (Figure 2). Children whose parents’ relationship was highly conflictual or fearful had the lowest levels of wellbeing, while those whose parents had a distant relationship with each other appeared to be doing less well than those whose parents had a friendly or cooperative relationship, but better than those whose parents had a highly conflictual or fearful relationship.

There was a clear and strong link between parental experience of family violence and low child wellbeing. Across all measures, children whose mother reported having experienced family violence (emotional abuse and/or physical hurt) appeared to have a higher rate of low wellbeing based on mothers’ reports than those whose mothers did not report having experienced family violence. A similar relationship emerged between fathers’ reports of having experienced family violence and their assessments of their child’s wellbeing (Figure 3).

Figure 4 shows the relationship between fathers’ and mothers’ reports of their child having low wellbeing and their safety concerns (in relation to themselves and/or their child) as a result of ongoing contact with their child’s other parent. Regardless of gender, parents who expressed such concerns described their child’s wellbeing less favourably than parents who did not indicate any safety concerns.

While a history of family violence and highly conflictual inter-parental relationships appear to be quite damaging for children (Figures 2 and 3), the evaluation found no evidence to suggest that this negative effect was any greater for children with shared care time than for children with other care-time arrangements. It remains possible, however, that the measures adopted in this analysis were insufficiently sensitive to detect existing effects in these areas. Longitudinal research based on a relatively small clinical sample of high-conflict separating families (McIntosh, 2009) suggested that, compared to other parenting arrangements, a pattern of shared care time...
sustained over more than 12 months was associated with a greater increase in the already negative impacts on children of highly conflictual inter-parental relationships and of circumstances in which one parent holds concerns about the child’s safety.

When the measure of family violence is whether the mother expressed safety concerns, analysis of the LSSF W1 2008 suggests that shared care time exacerbates negative impacts on children (Figure 5). While the presence of safety concerns was associated with lower child wellbeing for all care-time arrangements, where mothers expressed safety concerns, children in shared care-time arrangements fared worse, according to mothers’ assessments, than those who stayed with their father for only 1–34% of nights.

Parents’ pathways

It is clear from a range of studies in the evaluation that the families who made most use of family law system services, lawyers and courts were, in the main, those with very complex problems. Reports from both parents and family law system professionals indicated that the parents who may be described as “heavier” users of the system were largely those for whom family violence and other issues—including safety concerns, mental health problems and addiction issues—were relevant (Kaspiew et al., 2009, Section 10.1). Parenting arrangements for these families were taking longer to sort out and these families were more likely than other families to use multiple services. For example, pre-separation experiences of having been physically hurt were reported by 17% of parents who said that they had sorted out their arrangements at the time the LSSF W1 data was being collected (third quarter of 2008), compared with 33% who were in the process of sorting arrangements out and 33% who had nothing sorted out (Kaspiew et al., 2009, Table 4.14). In contrast, no violence at all was reported by nearly half (48%) of the LSSF W1 parents who had apparently sorted out their arrangements, 23% who reported being in the process of sorting thing out and 25% who had nothing sorted out.

Similarly, among parents who had apparently sorted out their arrangements, pre-separation experiences of physical hurt were reported by 48% of parents who nominated courts as the main way of sorting out their parenting arrangements, compared with 12% who said that their arrangements had been reached mainly through discussions with the other parent. On the other hand, the latter parents were considerably more likely to indicate that they had not experienced any violence at all, compared with those who nominated the courts as their
Families who made most use of family law system services, lawyers and courts were, in the main, those with very complex problems.

main means of arriving at their arrangements (56% and 9% respectively).

One of the key aims of the fourth policy objective noted at the beginning of this article is to provide encouragement to use means other than litigation to resolve parenting disputes. This objective was reflected in the legislative changes that supported the reforms through the introduction of a requirement for parties to attend family dispute resolution prior to filing a court application (FLA s60I) except in circumstances that include where there are grounds to believe a party had engaged in family violence or child abuse (FLA s60I((9)(b)). A critical issue therefore is whether and/or how family violence affects the extent to which FDR is an effective mechanism in addressing post-separation parenting agreements. Family violence is one of the considerations FDR practitioners must take into account in assessing the capacity of parents to undertake FDR (Family Law (Family Dispute Resolution Practitioner) Regulations (2008) (Cth) R25), and is one of the bases upon which a certificate under s60I(8) (which relieves a parent of the requirement to attempt or continue with FDR) may be issued.

While the evaluation concluded that FDR works well for many parents and their children, it also found that Family Relationship Centres have become a first point of contact for a significant number of parents whose capacity to mediate is likely to be severely compromised by fear and abuse. For example, 40–41% of practitioners in FRCs and FDR services indicated that “about a quarter” of clients who attended the service would not be suitable candidates for FDR, although 45% of those in FDR services and 38% of those in FRCs indicated that fewer than a quarter of clients would fall into this category (see Kaspiew et al., 2009, Figure 5.2). It would seem, therefore, that FRCs and other FDR services have been performing a significant screening and assessment service. At the same time, there is evidence from clients and lawyers that FDR was occurring in some cases for which this process was probably unsuitable.

The situation however is complex. Parents who reported experiencing violence (physical or emotional) were much more likely to have attempted FDR (41% of those who experienced physical violence and 35% of those who had experienced emotional abuse alone) than those who did not report experiencing violence (15%). Indeed, many FDR clients had concerns about violence, abuse, safety, mental health or substance misuse. FDR can be appropriate in some cases in which violence or other dysfunctional behaviours have occurred, but qualitative data from parents and lawyers suggest that the levels of concerns in some cases were such that it would have been difficult for a client to represent their own needs or their children’s needs adequately.
Children appeared to do better if their parents’ post-separation relationship was friendly rather than distant, conflictual or fearful.

Perhaps not surprisingly, the highest rate of agreement in FDR was reached in cases in which there had been no reports of violence (48%), while the lowest rate of agreement was reached in cases in which there had been physical abuse (36%). Similarly, the highest proportion of certificates issued (which permit a case to proceed to court) were in cases in which physical abuse had been reported (26%), and the lowest proportion was when there were no reports of physical violence or emotional abuse (10%).

While the evaluation provides evidence of more systematic screening being undertaken in the family relationships services sector under the reforms, it also suggests that there may have been a level of over-confidence among service system professionals in their ability to assist clients affected by family violence or safety concerns. While a large majority (70–90%) of professionals provided a positive assessment of their ability to assist families where there was concern about violence or safety (Kaspiew et al., 2009, Table 10.7), client reports suggest lower effectiveness than this. For example, a survey of 2,335 clients of family relationships services revealed that:

- 29% indicated in the survey that they had felt afraid of the person about whom they were attending the service (it is unclear whether these fears were conveyed to practitioners at the service);
- 23% indicated in the survey that they sometimes felt afraid of the person they were attending the service about during sessions at the service; and
- 24% experienced threats or abuse outside the service while attending the service (Kaspiew et al., Table 10.3).

The 29% who indicated in the survey that they had felt afraid of the person about whom they attended the service were also asked whether their fear had been addressed. Of this group, 65% (reflecting 19% of all clients in the survey) said their fears had been addressed, indicating that their fears had been conveyed to a practitioner at the service. The remainder of this part of the sub-sample (35%, amounting to 10% of the total sample of clients) said their fears had not been addressed, but it is unclear whether or not these fears had been conveyed to the relevant practitioners.

The finding that services such as FDR were offered in some cases in which one parent is fearful of another and feels that this fear has not been adequately addressed raises important issues for practitioners. It may that in some cases the fear was not adequately assessed in the first instance or it may be that events unfold in some FDR processes that rekindle the fear. The finding points to the need for constant vigilance on the part of those practitioners working with both former partners. At the same time, refusing FDR in all cases in which fear is reported may not necessarily be in the interests of the fearful parent or the children.

Clearly there are significant ongoing challenges for FRCs and other FDR services in this domain. Dealing with these challenges has been the subject of previous research (see, for example, Cleak, Bickerdike, & Moloney 2006) and the clinical judgement to be made at any given moment may not always be an easy one. The findings suggest,
however, a need for considerable caution in such cases. Clients may need greater support if FDR proceeds in such cases: processes may need to be slowed down while therapeutic or other work is done, or the case may need to proceed as quickly as possible to some form of judicial determination.

An area where the evaluation indicates a need for refinement of practices is in the interface between family relationships services (including dispute resolution services) and the legal and court sector. There is a need for the development of cross-sectoral understandings that will facilitate a clearer understanding of where a matter may not be suitable for FDR either because it satisfies one of the exceptions to FLA s60I or because there is insufficient capacity to mediate responsibly and safely.

A refinement of practices in this area may assist matters to move more quickly through the system. At the same time, as noted above, a considerable number of parents who reported family violence had friendly or cooperative post-separation relationships; and a considerable number of these parents reached agreement in FDR. Getting the balance right here must be regarded as “work in progress”.

A further issue highlighted in the evaluation is that at the intake, screening and risk assessment phases that precede FDR, information is collected about the circumstances of the family, including the possible existence of a history of or ongoing family violence. However, beyond the issuing of a certificate (which provides little information), there are no formal mechanisms whereby this information may be shared and possibly considered by a decision-maker or by an individual providing a forensic service. There are, of course, some significant barriers to passing on such information, including professional obligations of confidentiality and legal imperatives to maintain client privacy.

As things currently stand, families who progress from the service sector into the legal/court sector essentially start afresh. The issue of “starting again” has been discussed in the Chisholm (2009) and Family Law Council (2009) reports and some proposals have been put forward for comment by the Australian Law Reform Commission (ALRC, 2010) as part of its family violence inquiry. The National Alternative Dispute Resolution Advisory Council (NADRAC) has also been asked to provide input on issues of confidentiality, admissibility, conduct and practitioner immunity in family dispute resolution (NADRAC, 2010). Clearly, any consideration of if and how information obtained as part of the FDR process might be transmitted to a court or another agent must recognise that FDR practitioners do not have a forensic or diagnostic role. They may take note of allegations and admissions, but they are not in a position to assess the truth or otherwise of such statements.

Other issues

The evaluation examined the views of family law system professionals about the efficacy of the system’s handling of family violence in a range of ways. One telling set of data arises from questions in surveys administered to family lawyers and family relationship sector professionals, aimed at gauging how the system balances maintaining a child’s need for “meaningful involvement with both parents” (e.g., FLA s60B(1)(a)) against their need to be “protected from harm” (e.g., FLA s60B(1)(b)). These are two fundamental concepts in the reformed Part VII of the Family Law Act 1975, which of course preserved the paramountcy of the principle that parenting orders should be in the child’s “best interests” (FLA s60CA). Endorsement of the adequacy of the priority placed on meaningful involvement was stronger than endorsement of the priority placed on protection from harm:

■ 92% of FRC professionals, 89% of FDR professionals and 86% of lawyers responded affirmatively to the proposition that the system “gives adequate priority” to the “meaningful involvement” principle; and

■ 65% of FRC professionals, 66% of FDR professionals and 55% of lawyers responded affirmatively to the proposition that the system “gives adequate priority” to the “protection from harm” principle (see Kaspiew et al., 2009, Section 10.1.2).

Response rates to the second proposition indicate that there is a lack of confidence by a substantial minority of professionals, especially lawyers, in the system response to the “protection from harm” principle. Evidence consistent with this is provided by the evaluation in, for example, data indicating that ongoing safety concerns were reported by similar or greater proportions of parents with shared care-time arrangements compared with parents whose child spent most nights with the mother (the most common arrangement).

Family Relationship Centres have become a first point of contact for a significant number of parents whose capacity to mediate is likely to be severely compromised by fear and abuse.

Studies in the evaluation suggest a range of reasons for these response patterns, in addition to issues already discussed. Qualitative data obtained from professionals and clients indicate the following issues are relevant:

■ a common misunderstanding that legislative changes somehow established an “entitlement” to shared care-time arrangements, exacerbated by uneven and ineffective approaches in some parts of the system to identifying family violence;

■ systemic issues, including difficulties engaging state child protection systems where children were believed to be at risk and the existence of different approaches and procedures in the Family Court of Australia and the Federal Magistrates Court; and

■ specific aspects of the legislation, including a 2006 provision obligating courts to make a costs order against a party found to have “knowingly made a false allegation or statement in proceedings” (s117AB) and a new provision requiring a court to consider the extent to which one parent has facilitated the relationship between the child and the other parent (s60CC(3)(c)) (see Kaspiew et al., 2009, Section 10.4).

These were also issues that the Chisholm (2009) and the Family Law Council (2009) reports identified as being
impediments to assisting in the best way possible parents and children affected by family violence and concerns about child safety. The consultation paper issued by the Australian Law Reform Commission (2010) as part of its family violence inquiry also canvassed the need for legislative reform, among other issues.

Summary

In summary, the evaluation found that the family law system has some way to go in achieving effective practice in the area of family violence. The data demonstrate that family violence is a complex phenomenon, reinforcing the need for strategies based on case-by-case assessments rather than a “one-size-fits-all” approach. Family violence is common among separated families, with the majority of parents in the LSSF W1 2008 indicating that they had experienced physical hurt prior to separation or emotional abuse only before, during or after separation. At the same time, while most parents who reported physical hurt prior to separation also described their post-separation parental relationship as distant or clearly negative (highly conflictual or fearful), a solid minority described their relationships in clearly positive terms (friendly or cooperative).

Parents with a shared care-time arrangement were as likely, if not more likely than, those whose child spent 66–99% of nights with the mother (the most common arrangement) to report a history of family violence or ongoing safety concerns. A history of violence, the presence of ongoing safety concerns and parental relationships described as distant, highly conflictual or fearful were all linked to poorer child wellbeing.

Family law system professionals were less confident in the system’s ability to protect children from harm than in the system’s ability to ensure that children maintained meaningful involvement with each parent after separation. There is a need for ongoing refinement of practices that distinguish families suitable for FDR processes from those that, because of family violence issues, are not suitable for FDR and require other assistance. There is also a need for better avenues of communication and examination of barriers to communication between family relationship sector professionals and legal court sector professionals (ALRC, 2010).

In common with the Chisholm (2009), Family Law Council (2009) and Australian Law Reform Commission (2010) reports, the evaluation highlighted some aspects of the 2006 legislative changes that appear to have either not addressed or actually contributed to ongoing concerns about the way in which the family law system deals with family violence.

The challenge posed by a history of family violence is clearly complex and multidimensional, with different families being affected in different ways. The evaluation evidence highlights the necessity of professionals across the system being trained to recognise and deal with violence so that the most appropriate process for making parenting arrangements can be applied and the parenting arrangements themselves are in the best interests of children and do not jeopardise their short- or long-term wellbeing.

Endnotes

1 This conclusion is consistent with analyses contained in three other recent reports that have all put forward recommendations for improvements in the way in which the family law system deals with family violence (Australian Law Reform Commission, 2010; Chisholm, 2009; Family Law Council, 2009).

2 Parents were asked whether the other parent had emotionally abused them before or during the separation, with options for nominating different types of emotional abuse being available (multiple forms could be nominated). The measure of emotional abuse covers the other parent: (a) preventing the respondent from contacting family or friends, using the telephone or car, or having knowledge of or access to family money, (b) insulting the respondent, with the intent to shame, belittle or humiliate, (c) threatening to harm the child/children, other family/friends, the respondent, pets or themselves, and (d) damaging or destroying property. Parents were then asked: ‘Before you separated, were you ever physically hurt by [child’s other parent]?’ If they said ‘yes’ to this question, they were asked whether the children had heard or seen any abuse or violence.

3 The question on safety concerns identified whether the concerns related to the respondent alone, the focus child alone, or both the respondent and focus child.

4 The LSSF W1 2008 question was: ‘Before finally separating, were there ever issues with: Alcohol or drug use? Mental health problems? Another addiction?’ The respondents who mentioned that another addiction was apparent were then asked to indicate the nature of this addiction. Gambling was the most commonly cited of the range of addictions mentioned.


6 The analysis of the LSSF W1 2008 was supplemented by data from the first three waves of the Longitudinal Study of Australian Children (LSAC). While the LSSF W1 2008 had the advantage of providing a large sample of children and their separated parents, its main limitation was that information on child wellbeing was entirely based on parents’ reports. The LSAC survey, on the other hand, is based on a much smaller number of children whose parents have separated, but information on child wellbeing is derived from parents, teachers and the children themselves.

7 These findings are based on the results of regression analysis that holds constant the effects of differences in parental socio-economic status and demographic characteristics. These factors vary according to care-time arrangement and are also likely to affect child wellbeing (e.g., maternal education, employment status). Further details of the regression modeling are provided in Chapter 11 of the full evaluation report (Kaspiew et al., 2009).

References


Dr Rae Kaspiew, Dr Matthew Gray, Ruth Weston, Professor Lawrie Moloney, Kelly Hand, Dr Lixia Qu and the Family Law Evaluation Team are all at the Australian Institute of Family Studies. The Family Law Evaluation Team comprises Dr Michael Alexander, Dr Jennifer Baxter, Catherine Carrana, Chelsea Cornwall, Julie Deblaquiere, John De Maio, Jessica Fullarton, Kirsten Hancock, Dr Bianca Klettke, Dr Jodie Lodge, Shaun Lohoor, Jennifer Renda, Grace Soriano, Robert Stainsby and Danielle Wisniak.
Developmentally sensitive parental contact for infants when families are separated

Cathy Humphreys and Meredith Kiraly

There are critical periods during which bonding experiences must be present for the brain systems responsible for attachment to develop normally. These critical periods appear to be in the first year of life, and are related to the capacity of the infant and caregiver to develop a positive interactive relationship. (Perry, 2008, para. 12)

Background

The recognition that the most critical time in infant development occurs in the first year of life is not new. The entwining of attachment processes to neurological development and the refinement of this knowledge is more recent, although researchers and infant specialists would argue that more than twenty years of work now informs this area (Siegel, 2001). The influence that this knowledge has had on decision-making and practice that affects infants has been slower.

The body of knowledge about infant development explores not only “the norm” and the way in which healthy infant development is supported, but also the impact of dysfunctional attachment relationships and trauma on the development of infants (Ainsworth, Blehar, Waters, & Wall, 1978; Perry, 1997) and their destructive long-term effects (Larrieu, 2002).

This paper is based upon an initial research study which explored the issues associated with infants where the Children’s Court had ordered high-frequency contact (4–7 days per week) between infants and their parents while the baby was living with carers (foster or kinship). (By definition, infants come into care because there are significant issues in relation to child abuse and neglect.) The study focused on issues for infants who were involved in travel arrangements that took them away from the foster carer for significant periods of time, not arrangements (largely kinship care) that did not involve travelling and such disruption.

There are major differences in circumstances for infants where their parents have separated compared to infants taken into out-of-home care. However, family law proceedings hold similar dilemmas in relation to child contact. If an infant’s development and attachment needs are to be central to decision-making, how much time is it reasonable to allow for an infant to spend with each parent? Approximately eight per cent of shared care arrangements involve infants under three years old and hence it is a significant policy issue (Kaspiew et al., 2009).

It is difficult to assess the extent of violence and abuse in the population of separated parents (Kaspiew et al., 2009); however, for parents where there is litigation
and unresolved disputes about children, there is a very significant group where violence and abuse are major issues in relation to child contact (Brown & Alexander, 2007; Moloney et al., 2009). This paper will focus on infants in the Children’s Court and issues of family contact, but reflect on whether there are some principles that also apply to the Family Court arena.

**Terminology**

Within the out-of-home care system, the terminology used in relation to infants spending time with their parents is “contact” and sometimes “access”. In previous work, we have preferred to call this “family contact” (Humphreys & Kiraly, 2009). In the family law arena, the new legislation refers to “time spent” by the child with either parent. While recognising the preferred family law terminology, this paper continues to use the term “contact” to reflect the fact that the paper draws primarily from the public law context.

**Considerations in infant development**

The neurobiology and attachment literature draws attention to the first year of life as being critical. Massive brain development occurs, which is directly related to the infant’s attachment experience (Perry, 2008). While brain development begins in utero, it is only 25% of its adult size at birth; yet by three years it is 90% of adult size. Within that time, the density of the brain also increases, with the development of complex interconnections between different parts of the brain (Royal Australian College of Physicians, 2006, cited in Jordan & Sketchley, 2009). The nature of this critical development is dependent upon the infant’s attachment relationships, and is thus a biological development mediated by social relationships. In other words, the child’s cognitive, behavioural and emotional development is dependent upon the way in which the different parts of the brain develop, which in turn occurs in the context of their attachment relationships (functional and dysfunctional) with other people (Steele, 2002). Particular significance lies in the need for secure attachment, and thus for a primary caregiver who is attuned to the infant’s needs. Without a parental figure who has the capacity to create a safe, predictable and secure psychological and physical space, the infant’s capacity to grow and explore the world is limited.

This is a controversial area. Attachment is a concept developed by J. Bowlby (1969), although it has been subject to significant critical debate both by Bowlby himself at a later stage in his work (Bowlby, J., 1982) and by many other scholars (see Hazan & Shaver, 1994). At issue is the extent to which multiple attachments are possible and whether they are dependent upon the initial availability of a primary attachment figure. It is a particular issue when parenting is shared not only with another parent, but with extended family, at day care and within other community relationships (National Institute of Child Health and Human Development [NICHD], 1997). There has been some agreement that there is a hierarchy of attachment relationships, with empirical evidence consistently showing that even when a range of safe, caring figures are available, infants show clear discrimination and consistent preferences (Jordan & Sketchley, 2009). Multiple relationships are clearly possible, though not limitless,
and the quality and consistency of these relationships is important if the infant’s development is to be supported rather than undermined by distress (Beek & Schofield, 2006).

More recent work on the brain development of infants has provided clear support for the earlier work on attachment (Newman, 2008; Schore, 2000). At its most extreme, the institutionalisation of babies—where there is no consistent attachment figure and no responsiveness to the child’s emotional needs—has led to infants and children with limited neurological development, particularly of the cortical area, where thinking and emotional regulation occurs (Beckett et al., 2006). While less extreme, clear chemical differences have now been established between the brains of infants and children growing up with “good enough parenting”—including at least one secure attachment figure in a safe environment—and those growing up where a secure attachment figure is not available and where abuse and fear may be rife (Shonkoff & Meisels, 2000). From Neurones to Neighbourhoods (Shonkoff & Phillips, 2000) is the classic text that draws the strands of neurobiology together, pointing to the profound individual, social and economic costs of failing to nurture early infant attachment relationships.

Further work on attachment, neurobiology and the impact of trauma points to dysfunctional attachment patterns that can develop when infants have no consistent caregiving figure who is attuned to their needs. For infants—whose needs are visceral and revolve around responsiveness to their rhythms of sleeping and feeding—the person with 24-hour care is usually the primary caregiver. Dysfunctional attachment patterns are recognisable and fall into categories of avoidant, ambivalent and, most worryingly, disorganised attachments (Ainsworth et al., 1978). Disorganised attachment is evident in about 50% of high-risk, abused infants and children and 10% of non-clinical samples (Hesse & Main, 2000). It results when infants live with a caregiver who is unpredictable and/or frightening, or where an infant experiences multiple caregivers and no consistent figure with whom to create attachment security and safety. Such infants may, among other symptoms, dissociate (go limp), “freeze” or become hypervigilant in the presence of their mother or father. They are frequently unsettled in their sleeping and feeding patterns. The impact on the infant’s brain development is profound, with important connections between different parts of the brain underdeveloped, resulting in a lack of ability to regulate emotions, a lack of cognitive development and an inability to empathise with others. With early intervention and establishment of a responsive and attuned carer, recovery is possible, though significant therapeutic intervention may be needed (Dozier, Higley, Albus, & Nutter, 2002).

The pivotal research of Solomon and George (1999) explored the effects of overnight contact for infants when parents were separated. The clearest finding was that where there was a poor environment, little psychological support for the infant and high levels of conflict between the parents, attachment to both parents became insecure and disorganised. Poor post-separation relationships characterised by high conflict, if not violence and abuse, provide an adverse environment for family contact. The parent’s views (thoughts and feelings) about the other parent and the child strongly mediated the impact on the infant. These findings are not dissimilar to those drawn from a clinical sample of high-conflict separating parents in Australia. This study found that high levels of parental contact (shared care) were detrimental to children where parental relationships were highly conflicted, particularly where one parent held safety concerns for their child (McIntosh & Chisholm, 2008).

A problem identified by those looking after infants were the multiple strangers involved in their handling and care.

The notion that infants must “know their mothers and fathers” and have meaningful relationships with both is a contested territory when there are issues of violence and abuse. It may be that there are particularly times—such as when infants are in the first weeks of life attuning to the world around them, or between five and ten months, when separation from a primary figure can create particular anxiety and distress—when high levels of contact that involve the infant leaving their secure base may be particularly stressful.

Family contact issues for infants in care

For infants entering out-of-home care, the picture is complicated and contested. The maintenance of the infant’s relationship with their mother and/or father is critical. At the same time, the infant needs to settle into a predictable environment with a carer who is highly attuned to their needs in order to ameliorate the destructive effects of disrupted relationships in this earliest period of life (Dozier et al., 2002).

The first year of life encompasses a wide developmental range. While infants between six months and three years may show the strongest indications of separation anxiety and stranger anxiety (American Academy of Pediatrics, 2000; Bowlby, J., 1982), the work of Dozier et al. (2002), measuring levels of cortisol (the “stress” hormone), showed that younger infants were stressed by separation from their carer even when external signs of distress were not necessarily apparent.

In a recent retrospective study of 26 families where high-frequency contact (up to 5 days per week) occurred with parents while infants were in foster care (Kenrick, 2009), significant levels of distress in infants were reported. The research found disruption for infants associated with: leaving their foster carer at significant points in their development; the extent of commuting; and the level of disruption to routines. Long after children were established in permanent care, effects continued to be evident in areas such as settling into playgroups and starting school. Particular areas of concern lay with infants moving rapidly into the high-frequency contact regime before they had time to settle and get to know their carer. This was a particular issue for infants coming to the carer direct from hospital and for infants at the age of 5–8 months, when there appeared to be much greater sensitivity and anxiety about separation.

The Kenrick (2009) study is one of the few to explore the impact of high-frequency contact on infants who are travelling to visit parents. There is little research evidence
on the effects of different patterns and intensities of family contact for very young children in out-of-home care (Haight et al., 2003; Monck, Reynolds, & Wigfall, 2005). However, Haight et al. (2003) suggested that:

Our clinical judgement is that visits with infants and toddlers should occur more than once a week, for several hours, and encompass caregiving activities.

In general, the question of frequency of family contact for infants who are being transported away from their secure base, often by a changing group of workers, has not been directly addressed.

Decision-making that recognises the infant’s development needs can be fraught territory. A secure, primary attachment figure needs to be established and recognised; multiple attachments are possible but not limitless, need change over time, and in particular periods of an infant’s life are more sensitive to separation anxiety than others. At times there may be a conflict between the infant’s legal status (e.g., still on Interim Accommodation Orders where no final decision has been made about their future) and their emotional needs, which require that the carer, in the short term at least, is established as the primary attachment figure (Beek & Schofield, 2006). The parental contact arrangement is also essential to maintain or develop the relationship between the infant and their mother and father, to keep alive the possibility of reunification, and to support the older infant grieving over the loss of the mother and/or father as they move into foster care. While mothers and fathers have human rights that need to be recognised in maintaining family relationships (United Nations General Assembly, 1989), recognising the right of the infant to secure care and that his/her best interests are paramount, may sometimes need to be prioritised over parental rights.

Finding a balance between the infant’s need to develop a stable attachment relationship with a carer, while keeping alive the possibility of reunification through the maintenance of the relationship with their mother and/or father, is difficult territory. The strongly adversarial proceedings in the Children’s Court system in Victoria, pitting parents against Child Protection, is often not conducive to this (Campbell, Jackson, Cameron, Goodman, & Smith, 2003). The nuances of the developmental needs of infants cannot necessarily be held at the forefront of thinking in a court battle between lawyers.

Several US initiatives have explored less adversarial approaches to address the challenges of improving court decisions for infants. A court-sponsored program in New York State, which provides coordinated, therapeutic support to parents of infants and assists magistrates with better information, reported high levels of family reunification and no further acts of abuse or neglect over...
family contact. Another US program uses attachment theory to advise judges on decisions about protective care, including family visiting (Goldsmith, Oppenheim, & Wanlass, 2004).

Other literature has also emphasised the need for therapeutic support during contact visits. This is a difficult time for parents and children for many reasons, including painful reminders of their forced separation, often a lack of parenting skills, and the artificial environments available for visiting, including observation and assessment. Skilled professional support is needed for very young children and their mothers and fathers during visits. Without this, such visits may do little to facilitate better relationships and family reunification (Brown, 2008; Browne and Moloney, 2002; Rella, 2006–07) and further trauma may not be prevented (Haigh et al., 2005; McIntosh, 2006). A number of programs provide therapeutic family support for visiting (Cleaver, 2000; Miller et al., 2000; Pine et al., 1993), including some that use attachment theory explicitly as the basis for supporting parents to build relationships with their children (Deacon, 2006; McWey & Mullis, 2004). Other programs have been designed to maximise family reunification, while simultaneously promoting attachment to carers who would become permanent if family reunification did not occur (“concurrent planning”) (Monck et al., 2005).

The literature thus points up a set of complexities for infants in out-of-home care and their contact arrangements that warrant further exploration in relation to the impact on infants’ wellbeing, the development of attachments, brain development and family reunification.

Methodology

A multi-method approach was undertaken for this study in order to explore the issues arising where family contact at different levels of frequency was being ordered for infants in protective care.

Key questions included:

- What are the current arrangements for infants’ contact with their family members in Victoria?
- What are the issues that affect the infant’s experience of contact with their family members?
- What are the directions for good practice in this area?

All infants under the age of 12 months who were in care on 1 August 2007 (a total of 119 cases) were selected as the focus of this research study. High-frequency family contact was defined as 4–7 visits per week with family members; less than this was described as lower frequency contact was defined as 4–7 visits per week with family members. High-frequency family contact is a relatively new phenomenon and at the time of the study, most parents were still involved in the court process. Advice from senior child protection workers and the ethics committee suggested that it was inappropriate to ask parents to engage in research activities at this sensitive time.

A limitation of the methodology was that the project was unable to directly capture the perspectives of family members, including infants, mothers and fathers. High-frequency family contact is a relatively new phenomenon and at the time of the study, most parents were still involved in the court process. Advice from senior child protection workers and the ethics committee suggested that it was inappropriate to ask parents to engage in research activities at this sensitive time.

Ethics clearance occurred through the Department of Human Services (DHS) and registration of the clearance with University of Melbourne. Privacy laws are strict in ensuring confidentiality of child protection information, and thus meticulous justification to the relevant human ethics committee was required. Only the researcher—who although seconded to the University remained employed by the Victorian Department of Human Services—was able to access the files. Confidentiality was ensured by coding identifying data.

Key findings

Quantitative data

A summary of key findings is given here, but greater detail is available through the study’s research report (Humphreys & Kiraly, 2009). From the data mining of the electronic files a number of important issues came to light.

One-third of all cases (40 out of 119) had had a high-frequency family contact condition at some stage during the period that was the subject of the study. In this group, substance abuse was evident in the majority of cases—usually involving both parents (29 mothers and 23 fathers out of 40 cases)—and domestic violence and mental health problems were also significant issues.

In very many cases, contact between infants and their parents occurred only infrequently in spite of the high-frequency contact order. Reasons evident from the files included parental illness; financial and other difficulties with transport; being in jail; and, overwhelmingly, other reasons not articulated, presumably related to parents’ social issues and circumstances. Rarely, contact did not occur due to an infant’s illness, and even more rarely because DHS had been unable to provide worker time.
Figure 1 shows that half of the parents for whom high-frequency contact with their infant was ordered (20; mainly but not exclusively mothers) attended for more than 75% of the contact visits, while for the other half of the parents, contact visits occurred much less frequently than ordered. The ordering of high-frequency family contact did not contribute to a greater rate of family reunification (Figures 2 and 3). The reunification rate one year on was the same for infants whether high-frequency family contact had been ordered at least once or not.

Focus group and case study data

The focus group and case study data provided no indication that any of the stakeholder groups (foster carers, child protection workers, foster care managers, high-risk-infant specialists, lawyers for parents or the Department of Human Services, and clinicians from the Children’s Court Clinic) were against family contact for infants in out-of-home care. In fact the contrary was true. However, there were major differences in views about the frequency of family contact that was appropriate for infants, particularly when this involved travelling from the home in which they were trying to settle. Those who were directly involved with infants were strongly of the view that high-frequency contact (4–7 days a week) was unmanageable for the infants involved. However, many lawyers for the parents were equally strong in their views that parents had a right to see their baby as frequently as possible and argued for up to 7 days a week of contact visits. Both sides felt that this was in the best interest of infants.

The focus groups were generally sharply divided between those who represented parents (the lawyers for the parents) and those who worked with infants (foster carers, child protection workers, foster care managers, high-risk-infant specialists), though there were a few points of commonality. The clinicians from the Children’s Court Clinic straddled both groups in relation to their views about the frequency of infant contact.

Issues of attachment

Significantly, both groups saw the infant’s attachment issues as important. The lawyers for the parents saw this in relation to the infant’s connection to their parent, while those working with infants saw it as being important for infants to become settled and stabilised with their carer for their wellbeing and also to promote relationship development.

The important thing for a baby and their future emotional health is how well they’re responded to and looked after by a constant carer … because we all know that children, if they get that really good, solid response and care in those first six months whilst their parents do whatever work they need to be able to care for them safely, they will be able to form an attachment with their parents if we do return them home. (Case support worker)

The relationship between the infant’s attachment relationship and brain development was a theme among many infant workers, as many had had training input about this issue. By contrast, a number of lawyers for the parents were less convinced about the role of neurological development. It was an attitude/belief that was not challenged by others in the focus group with lawyers for the parents and therefore
it is difficult to establish whether this was a view held only by a vocal minority in the focus group.

**Attachment and multiple strangers**

A problem identified by those looking after infants were the multiple strangers involved in their handling and care. Few carers are involved in providing parental contact in their own homes or driving infants to visits in Victoria. Infants are therefore often involved with an “army” of departmental support workers transporting them to visits with their parents. The more frequent the visits, the more difficulty there is in keeping any regularity in the support worker, particularly when the court orders contact on weekends when there are no workers on duty and no departmental offices open for visits.

Those working with infants felt this was distressing for infants, and they sometimes saw infants dissociating or “freezing” (Bowlby, R., 2007), or experiencing highly emotional reactions:

> Now, the older babies get, the harder it gets for them to leave us to go and see their birth parents. And we literally have to pass over screaming babies to the worker that might not be the same worker as yesterday. (Foster carer)

Some expressed concern about infants not knowing who their parent or primary caregiver is. Some case support workers spoke of an infant developing a preference for them over the parent, making it harder for the parent to build a relationship with their child during visits:

> I had a parent ask me … does the child know I’m the mother? … Sometimes we spend two hours with a child and the parent during access, and then we take the child home. How is that really that much different than [the child] spending it with a parent? An infant doesn’t understand the concept of “This is my mum”. (Case support worker)

Many lawyers for parents were less concerned about these arrangements and saw the issues largely as a resourcing problem for DHS. Some lawyers expressed nostalgia for the days when children were in institutions and therefore allegedly more accessible for parents to visit. These advocates saw current difficulties in arranging visits as seriously interfering with parents’ rights for contact with their children.

**Distress and disrupted routines**

The distress associated with infants being unsettled and having disrupted routines was a dominant theme for those working with them. Indicators of stress following visits with parents were frequently mentioned, including unduly wakeful nights, sobbing to sleep, being tired and grizzly and being clingy.

In situations where there had been abuse, older infants at times were reported to show anxiety or fear directly—crying or pulling away from parents. Infants were also reported as sometimes becoming passive or “floppy” on visits. These behavioural manifestations are symptomatic of trauma in infants (Jordan & Sketchley, 2009).

Disrupted routines were also much discussed. Concern centred on disrupted feeding and sleeping associated with unsettled behaviour, and undue crying day and night:

> Of course, going to an access involves possibly waking them up; they go in the car, they fall asleep again, they get woken up again, they’re in the access. They go back in the car, they fall asleep again, and they
get woken up again … It is quite traumatic. Then, of course, if they are cranky and unsettled it is harder on us as well. (Foster carer)

Carers and foster carer managers spoke of the difference they experienced in the infant’s behaviour when high-frequency family contact shifted to lower frequency visits of longer duration (see Case study 1).

Case study 1
James came to us at five weeks with his two-year-old brother Tom. There were two siblings in care elsewhere. At first, the access visit was four days per week for one hour, at the departmental office. They would go at 1 pm and return about 6 pm. The worker would pick up the other children after these two, as we were the furthest away. Returning was in peak-hour traffic. James was really unsettled; his routine was out. But they were both much more settled when access changed to twice a week, and for longer; the new travel time was only twenty minutes each way. At that stage, they went to their paternal grandfather’s home, and he supervised access. Circumstances caused the change—the father died of a drug problem. So after that, less supervision was needed for the mother. I think that if ever it is possible to have access in a more natural environment, for longer and less often, it is better. In a six-hour access, they can have a bath and a nap. I thought it was brilliant. (Foster carer)

Transportation
Transport is connected with the issue of care by multiple strangers, as seen above. Numerous concerns were expressed about the amount of time infants spent travelling in cars. Both frequency and lengths of trips were seen as problems. In rural areas, distances were often described as being excessive; in the city, traffic congestion was noted as adding time to trips and making it more difficult to attend to care needs during travel. Exposure to undue temperatures was raised by some participants, especially frequent exposure to excessive heat in summer.

I just think, even for your own children you would not expect to give your own infants that experience really, of that level of transport and that number of people. (Rural case support worker)

Environments for visits
A point of agreement in all focus group was the unsuitability of DHS offices for visits. Rooms were often described as being too small and lacking needed equipment. The environment was described as being threatening to parents, representing the authority that had removed the child—with the presence of a security guard as a visible reminder of this:

Clients tell us about their experiences all the time. They hate supervised access at departmental offices. (Lawyer representing parents)

I had a client whose access was facilitated by their foster care service and, at that stage, things improved dramatically. Until then, there’d actually been a cessation of access, which is very unusual. But that was a reflection of the fact that the client found the experience of access in the department’s premises just unsupportable. (Lawyer representing parents)

Alternative venues that were also seen as unsuitable included shopping centres and fast food outlets.

Many participants offered ideas about better environments for family visiting. Critical factors were a friendly, informal atmosphere, and sufficient space and facilities for feeding, sleeping and playing, including space for siblings to play. It was understood that security arrangements needed to be in place for particular families, and that this might entail some compromise with an ideal environment, but it was also recognised that many families did not need this level of security.

Support and communication between foster carers and parents
While not a common feature of current practice in Victoria, a number of participants commented on the value to both parents and infant of a supportive relationship between foster carers and parents:

I think we could, with the magic wand approach … just let the carers work with the parents and, through education, break down that fear that’s been drummed up over the last twenty years … Like when the extended family look after kids who go and visit auntie. (Case support manager)

The children have gone home … We will build our relationship with the mother and be some sort of support, sort of like a grandparent. I’ve seen a few carers build relationships with mothers and help them—it’s good for them. In the past it was not encouraged, but I think that’s changing a little. (Foster carer)

Case study 2 describes in the words of a foster carer, the development of a relationship between the carer and the mother which had a tangible positive result for a baby girl and her brother. The foster carer was with The Circle Program, a specialised foster care program.

Case study 2
Rose was seven weeks when she came to us with her four-year-old brother Will. She was unwell, bordering on having failure to thrive. When she returned from access visits, she was often quite limp; she seemed to be “shutting down”. The nights that followed visits, she would scream a lot; her sleep would be very disturbed. After a few weeks, I started transporting the children for their visits with their mother in the family home. I developed a relationship with the mother. I encouraged her to put the children in the car after the visits, to explain what was happening to them and say goodbye well, so that they felt OK about going back with us. Rose’s crying at nights stopped straight away. Will had been crying a lot on leaving his mother—this also stopped. The mother also said that the children were better off as a result. The children are home with her now, and I provide some support. To see the change this has made has encouraged me to keep fostering. (Foster carer)

This case study highlights the way in which a good relationship between foster carer and mother can provide a much better experience for the infant. However, while some foster carers were interested in such arrangements, others expressed reservations about such practices, mainly citing safety concerns for themselves and their families.

The adversarial court system
The adversarial system prevails. [Counsel], like I, are prisoners of the grossly wasteful processes of the adversarial system with their concomitant negative impact on the efficient, timely and economical disposition of proceedings in the Family Division of this Court. (DOHS v Ms B & Mr G, Children’s Court of Victoria, 2008)

There was much concern expressed in the focus groups by those involved with infants about the overly adversarial
nature of the court system. Legal advocates for parents were seen as arguing for very high parental contact, not necessarily because it was seen as desirable in its own right, but to maximise the chance of family reunification (a relationship with reunification not borne out by the case file data in this study). Some participants suggested that such arguments may take place even when parents themselves do not want high-frequency contact. The clash of cultures between the traditions of legal practice and social welfare is seen keenly in the adversarial approach:

It commonly happens that we’ll have a client [DHS Child Protection worker] saying, “What do you mean the mother is not agreeing to reducing from five times weekly to three times weekly access? She was the one who asked for it, and now the lawyer is telling her that she’s not agreeing to it. What’s going on?” We’re in a litigation field. Often a client’s [parent’s] mind will be changed once they’ve had discussion with their lawyer, which might go something like: “Ms Brown, I’m not going to advise you to agree to reducing your frequency of access, because that might compromise your chances of having the child reunified with you” … Then we have to take it off to a contest if we want to get that reduction. (DHS lawyer)

We’re social workers, we’re not lawyers. We’re working in a jurisdiction that we don’t fit into, for most of it. We don’t think like lawyers. We’re not senior sergeants in the police force either, but we are expected to perform as such. (High-risk-infant manager)

On the other hand, many lawyers for parents saw the adversarial process as a protection for their clients and were distrustful of child protection workers actively working with parents and supporting reunification:

So I don’t think there can be a Best Interests Plan until a court has made a decision about whether the parent is going to be able to be with the child. And I think that’s part of the problem; that the department [workers] don’t like having courts, they don’t like other people interfering with their decision-making process. (Lawyer representing parents)

Discussion and conclusion

The file data combined with the focus groups raised a number of pertinent issues, some of which have implications for infants generally, and some of which are specific to infants in care.

We return to the opening quote by Perry (2008). The research as outlined suggests the “capacity of the infant and caregiver to develop a positive interactive relationship” that will ensure appropriate brain development is dependent upon whether a context is established that acknowledges and recognises that this relationship is central to infant development. Babies are not objects that can simply be passed about to meet the needs of adults, and comply with legal orders and the demands of complex organisational arrangements. Holding the baby’s needs at the heart of arrangements for parental contact means that all parties (mothers, fathers, caregivers, lawyers, child protection workers and magistrates) need to have some awareness of infant development and its intimate connection to secure attachment relationships.

Our findings suggest that quality of contact may be more important than frequency of contact, and that parents may need much greater therapeutic and basic parenting support during their visits with their children. Many mothers and fathers may also have been “set up to fail” by having contact regimes that were impossible for them to maintain
when they were struggling with substance use, mental health and domestic violence problems.

When infants are in care, it means that they need to have time to settle, attune to their caregiver and establish a predictable and safe routine. This is difficult territory for all concerned, as it often means conceptualising the primary attachment as being to the person with 24-hour care. The separation process involves grief for the mother and father, and also for the baby if they have not gone directly into care from hospital. Without support for this shift, and without time to settle each day, the baby will be in an attachment vacuum, with no one being fully attuned to their needs for much of the time. It is dangerous territory in both the short and long term.

Mothers and fathers also clearly need support. To date there has been little recognition and poor service development in this area. We would argue that continuing family contact is important, but not with arrangements that undermine the infant’s ability to settle with their caregiver.

There are certainly warning signs for the Children’s Courts and Child Protection workers. There are major psychological costs to infants being separated from their mother and/or father, as the attachment transitions between foster carer and parents will always be complex. Every resource therefore needs to be expended to ensure that separation is a last resort and not an early response in a risk-averse environment. Intensive family support should occur prior to removal, wherever possible and safe.

Nevertheless, experiencing violence and abuse is also dangerous territory for infants. Babies who are “incubated in terror” (Perry, 1997) show attachment disruption and poor neurological development, as the chemicals released in a pervasive environment of fear are inimical to healthy brain development. Protection from violence and abuse is pivotal to the infant’s healthy development and safety, particularly given their physical fragility (Jordan & Sketchley, 2009). This issue cuts across all jurisdictions and is not the exclusive territory of the Children’s Court. Recent reports from the Australian Institute for Family Studies (Kaspiew et al., 2009) and the Family Law Council (Family Law Council, 2009) suggest that there are still many children who are not protected from violence and abuse in the family law jurisdiction.

Adversarial processes may not be optimal to finding the way through to the best interests of babies, particularly when some flexibility may be needed. This is true of both the Children’s Court and family law jurisdictions. However, by definition, violence and abuse tramples on the rights of the most vulnerable (in this case, infants) and they may in the end need the protection of the court in order to
safeguard their interests. It is the hope of the authors that the courts are able to prioritise the infant's need for safety and security. A just society should do no less.

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Kinship care
A review of issues

Heather Boetto

This paper outlines the results of a literature review about the issues relevant to kinship care in Australia, with special reference to policies and practices in New South Wales. The importance of kinship care is highlighted as a result of current state and territory reform processes and the increasing prevalence of kinship care placements across Australia. Review findings identify many key issues that indicate a need for changes to be made to the processes and supportive functions of kinship care.

Definition of kinship care

Kinship care, as a statutory arrangement, generally refers to children and young people who have been placed with relatives, friends or local community members by child protection agencies. Kinship care is one option among various alternative arrangements within the out-of-home-care system for children and young people who are unable to live at home due to abuse and neglect (Ainsworth & Maluccio, 1998; Australian Institute of Health and Welfare [AIHW], 2010; Bromfield & Osborn, 2007; Dunne & Kettler, 2006; Mason, Falloon, Gibbons, Spence & Scott, 2002). Kinship care is a noticeably less formal arrangement than other statutory care options, such as foster care and residential care, due to an increased focus on the family system. In other forms of out-of-home-care, children and young people are much less likely to be placed with people or in communities they already know.

Informal kinship care arrangements, in contrast to formal kinship care, are voluntary arrangements made between family members that do not normally require the intervention of child protection authorities. Nevertheless, it is difficult to accurately define formal kinship care due to the complexities surrounding kinship care arrangements. These complexities are contextual and include: whether kinship care placements are formally or informally arranged; the multiple legislative frameworks that exist across Australian states and territories; government policies and agency procedures; the triad that exist between birthparents, kinship carers, and children and young people; and the cultural significance and relevance of kinship care to Indigenous and culturally and linguistically diverse (CALD) populations.

Kinship care: A growing phenomenon

Kinship care placements have greatly increased across all Australian states and territories and are the fastest growing form of out-of-home-care in Australia (Paxman, 2006; Smyth & Eardley, 2008). According to data from the AIHW (2010), the rate of children and young people being placed in out-of-home care has been showing a consistent pattern of increase within Australia and has increased from 4.9% to 6.7% between 2005 and 2009. Nationally, 47.1% of children and young people in out-of-home care were in foster care and 45.4% in kinship care. Within NSW, the proportion of
children and young people in kinship care (56.7%) was greater than the proportion of children and young people living in foster care with carers to whom they were not related (40.5%).

Although kinship care has occurred on an informal basis throughout history, kinship care is now recognised as having many advantages within the formal structures of child protection, most notably the preservation of family, promotion of cultural identity and reduced separation trauma (Paxman, 2006). Of critical importance to the success of an out-of-home care placement is whether or not the child or young person experiences a sense of being loved or belonging. In their study about stability, “felt” security and after-care outcomes, Cashmore and Paxman (2006) recognised that the level of “felt” or perceived security of children and young people is of considerable importance. These advantages have been recognised in recent decades by statutory authorities; for example, all states and territories have legislation or policies guiding practice about ensuring Indigenous children and young people who are not able to live with their birth parents are placed with relatives, kin or community members as a first option. This is known as the Aboriginal Child Placement Principle (Mason et al., 2002; McHugh, 2003; Smyth & Eardley, 2008).

However, other factors, in combination, have also influenced the growth in kinship care placements. A significant increase in the number of children and young people being placed in out-of-home care has increased the demand for out-of-home care placement options. Data from the AIHW (2010) reveal that there was a consistent pattern of increase in the rate of children and young people in out-of-home care across all Australian states and territories between 2005 and 2009. This, coupled with an insufficient supply of foster carers, has further constrained out-of-home care placement options, and has led to a greater use of kinship care. McHugh et al. (2004) identified two main factors that contribute to a shortage of foster carers as, firstly, the lack of people volunteering to become foster carers and, secondly, the difficulty in retaining foster carers who are recruited.

It can also be hypothesised that the increased reliance upon kinship care placements could also be due to the dominance of a neo-classical economic approach to current economic and government policies within Australia (Ainsworth & Maluccio, 1998; Cashmore, 2001; Paxman, 2006). This approach maintains a belief that government spending on any form of welfare is an impediment to economic growth, and therefore to economic health. This has created a crisis in the Australian welfare state due to a reluctance of governments to spend money on social support services (Ife, 1997), including kinship care programs. The attraction of kinship care placements is that they represent a relatively inexpensive option for governments, due to their perceived capacity to reduce levels of human and service sector support provided to children, young people and their kinship carers (Ainsworth & Maluccio, 1998; Paxman, 2006). This lack of government involvement essentially shifts government responsibilities from the public sector to the private sector.

In response to the rise in kinship care placements and associated pressures, many Australian states and territories have begun, and in some cases recently completed, review processes (McHugh, 2009; Smyth & Eardley, 2008). McHugh noted that Victoria was revising their kinship care policy and service delivery model to better reflect the increasing use of kinship care as an out-of-home care placement option. As part of the revision, a new model was introduced in regional areas from July 2009. The NSW State Government is currently implementing major child protection reform as a result of the initiative Keeping Them Safe: A Shared Approach to Child Wellbeing (Department of Premier and Cabinet, 2009). This initiative was developed in response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008), which was requested by the NSW Governor following the deaths of two children in 2007. This report made a series of recommendations, including the increased role of non-government organisations (NGOs) in providing services to children and young people placed in foster care and kinship care (Wood, 2008). Given these reform processes and the growth in kinship care placements, a review of literature that draws together issues relevant to kinship care is timely and forms the rationale for this review.

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Review process

This review involved an analysis of literature, mostly from Australian sources, including journal articles, government and departmental reports, and welfare association reports. Search terms were used to identify relevant literature from journal databases and the Internet, and included any combination of the following key words: kinship care, out-of-home care, child protection, foster care, substitute care, and relative care. Documents directly related to kinship care in Australia were located through, for example, government websites, including those of the Australian Institute of Family Studies (AIFS), and state and territory government child protection departments; welfare association websites, including the Australian Council of Social Services (ACOSS), Brotherhood of St Laurence, and...
Australian Centre for Child Protection; non-government organisation websites, including Anglicare Australia and The Mirabel Foundation; wide-scale internet searches using the Google search engine; relevant databases, including Family & Society Plus, Factiva, and SocINDEX; and library catalogues, including the Charles Sturt University (CSU) catalogue.

These documents were used to undertake a thematic analysis as a way of identifying concepts in the literature and constructing a systematic record of information gathered. The process began with an open exploration of data; for example, by using broad search terms in relevant databases. The categories and codes were then developed during the review of documents, and central themes were identified when commonalities and differences were found between the documents.

Review findings and discussion

From the review, eight key themes were identified as being pertinent to kinship care. These themes highlighted issues relevant to kinship care and are indicative of the urgent need for change to the processes and supportive functions applied to kinship care arrangements.

Marginalised status of kinship carers

Although kinship carers are not a homogeneous group, the literature consistently highlights commonalities between the characteristics of kinship carers, which contrast with the characteristics of foster carers. International literature reviews reveal that kinship carers are more likely to be older, single and female. They are also more likely to experience poorer health, have lower incomes and have completed lower levels of education than foster carers (Connolly, 2003; Paxman, 2006; Smyth & Eardley, 2008). The structural nature of this disadvantage, including the female status of most kinship carers and the traditional views of the role of women in the family (Ainsworth & Maluccio, 1998; Cashmore, 2001; Mason, 2005) causes concerns for the potential vulnerability of this group.

Although Australian research is limited, these characteristics have also been identified in two Australian studies. An audit in Victoria found that 52% of kinship carers were over 50 years of age, 47% were on income support and 38% were single (Department of Human Services, 2000). A further issue identified in the literature is the high proportion of grandparents who care for their grandchildren (Baldock, 2007; Baldock & Petit, 2006; Council of the Aging [COTA] National Seniors, 2003; Smyth & Eardley, 2008). Data from the Australian Bureau of Statistics (ABS, 2005) reveal that, in 2003, 47% of grandparents caring for grandchildren were single and, of these, 93% were women. These grandparents became kinship carers through various avenues, via the Family Court, child welfare system or voluntary arrangements.

Kinship carers are also confronted with circumstances unique to their experience, which creates further disadvantage and hardship. These circumstances involve the changing nature of their relationships—mostly changing from the role of grandparent to parent. Kinship carers often feel torn between the child’s parents (usually their own child) and the needs of their grandchild (Baldock & Petit, 2006; Mason et al., 2002), as well as the relationships they have with their other grandchildren who do not live with them (Baldock & Petit, 2006). Kinship carers may experience harassment and abuse from the child’s parents as a result of working with the child protection agency, and struggle with contact arrangements due to a conflict in loyalties between the child’s parents and their grandchild (COTA National Seniors, 2003). Further to this, many kinship carers need to formalise their kinship care role through legal
proceedings in order to receive financial support, which further exacerbates conflict with other family members (Baldock, 2007).

Kinship carers also encounter complex legal issues that are costly, timely and complicated (COTA National Seniors, 2003; Yardley, Mason, & Watson, 2009). Legal documents relevant to the child, such as birth certificates, are expensive to obtain, and kinship carers may experience difficulty with obtaining services for the child, including school enrolment, if they do not have formal custody arrangements. Differences between state and federal legal systems can also be confusing; for example, payment to kinship carers if under the jurisdiction of a state Children’s Court is a non-means tested, non-taxable payment, whereas payments under the Commonwealth Family Court are means tested (COTA National Seniors, 2003). Court processes can take considerable amounts of time to finalise, often involve conflicting relationships, and can require substantial finances if advice and support is required due to ongoing disputes (COTA National Seniors, 2003; Yardley et al., 2009).

Kinship carers also experience poorer health compared to their foster care counterparts. Kinship carers often have pre-existing health conditions that can be exacerbated under the extremely stressful circumstances of caring for a child who also usually has specific health and behavioural challenges (COTA National Seniors, 2003; Yardley et al., 2009). Kinship carers are likely to be older than foster carers, and the requirements of caring for a child—such as night feeding young babies—can be strenuous, resulting in exhaustion and tiredness (Baldock, 2007). Kinship carers also experience grief due to their loss of relationships with their own child and other family members, and loss of finances, freedom and plans for their future (COTA National Seniors, 2003). They may also become socially isolated as a result of their busy child rearing schedule, and may have to sacrifice their leisure and social activities, consequently losing contact with friends and community groups (Yardley et al., 2009).

Kinship carers also experience extreme financial difficulties due to the immediate increase in household expenditure as a result of the costs associated with caring for the child, including medical expenses, legal fees, set-up expenses, and day-to-day requirements (Yardley et al., 2009). Kinship carers usually come from lower socio-economic backgrounds, which places them under financial strain when having to pay for these additional expenses related to the child’s needs. Kinship carers also are often required to pay for the child’s parents’ debts in order to receive ongoing services for the child, may have to sacrifice employment due to the demands associated with child rearing, and report using their retirement savings for the added expenses of kinship care (COTA National Seniors, 2003). Benefits and payments for kinship carers are closely associated with legal processes and depend on how their kinship care arrangement is classified, resulting in much ambiguity and disparity in rates of pay (COTA National Seniors, 2003). This effectively places the child into poverty.

These issues are unique to kinship carer experiences and suggest there is an urgent requirement to respond to their needs and disadvantages. Failing to do so potentially places many kinship carers in particularly burdensome and vulnerable situations and neglects a holistic approach to supporting children and young people placed in kinship care.

**Voices of children and young people placed in kinship care**

Research regarding children’s and young people’s perspectives of being placed with their relatives is limited. This is partly due to ethical reasons involving the trauma already experienced by children and young people in care, and the possibility of re-traumatisation through research activities and intervention. Also, there are existing power imbalances between adult and child relations due to the adult being older and acting as “researcher”. This creates unequal relationships, which potentially inhibits information gathering and research outcomes (Mason, Urquhart, & Bolzan, 2003). Nevertheless, available research reveals a mix of positive and negative experiences, which when taken together suggests that the development of a structured framework that responds to the individual needs of children and young people in kinship care would improve their placement experience and wellbeing (COTA National Seniors, 2003; Higgins, Bromfield, & Richardson, 2005; Hislop, Horner, Downie, & Hay, 2004; Mason et al., 2002).

It is clear that children and young people are able to identify positive experiences of living in kinship care, such as the familiarity of extended family members, general happiness and feelings of safety and belonging (COTA National Seniors, 2003; Higgins et al., 2005; Hislop et al., 2004; Mason et al., 2002). This indicates that the strengths often associated with kinship care, such as reduced separation trauma and preservation of family, are acknowledged by children and young people.

However, the disadvantages of kinship care, such as the ill health and stress experienced by kinship carers, are also recognised by children and young people (Hislop et al., 2004). Children and young people have also highlighted issues such as: not being able to communicate with their grandparents (COTA National Seniors, 2003); the parenting styles of grandparents (Hislop et al., 2004); not being able to undertake normal family activities (COTA National Seniors, 2003); and their grandparents’ ill health and lack of money and energy (COTA National Seniors, 2003). The identification of these issues by children and young people suggests that it is important to involve them in the development of strategies to address their specific needs. This approach would also promote a child-focused approach to kinship care by enabling their voices to be heard through active participation.

**Perspectives of kinship carers**

It is clear from the literature that kinship carers share similar stories and report similar issues and needs (Baldock & Petit, 2006; COTA National Seniors, 2003; Higgins et al., 2005; McHugh, 2009). Of concern is the seriousness of issues and the multiplicity of needs that are common among kinship carers.

Kinship carers report the need for having increased support for various factors associated with their role as kinship carers. These include practical support with parenting and behaviour management, access to respite and child care services, and advice about services relevant
to the child’s needs. The need for assistance with complex legal processes, and support of strained relationships with family members, such as mediation and supervised contact arrangements, have also been highlighted by kinship carers (COTA National Seniors, 2003; Yardley et al., 2009).

McHugh (2009), by conducting interviews with kinship carers, also highlighted a multiplicity of issues, including: a lack of information provided to kinship carers about their entitlements and service availability; lack of access to a case worker; lack of kinship carer training; respite care issues; having to give up paid work to care for children, despite access to child care services; and not having knowledge of or the opportunity to participate in the family group conferencing processes. For Indigenous kinship carers, these issues are further compounded by a lack of cultural appropriateness and historical disadvantage, including racist welfare practices, and socio-economic disadvantage (Higgins et al., 2005).

Interestingly, it was identified in these studies that, in contrast to the traditional family barriers to engagement with family services, kinship carers are willing to receive intervention services, and expressed their enthusiasm and need for formal recognition and support. Even Indigenous kinship carers—who might be expected to resist service involvement due to previous experiences of oppressive and culturally inappropriate forms of service support—voiced their need for formal intervention and support services that fit with their cultural needs. Indigenous kinship carers have identified the need for more culturally appropriate recruitment, assessment, training and support processes, such as ensuring they have an Indigenous worker or appropriate cultural service to work with them, and access to training about specific needs and behaviours of Indigenous children (Higgins et al., 2005; McHugh, 2009). The failure to respond to the specific needs of kinship carers neglects a child-focused approach, and serves to further subordinate children, young people and kinship carers who already suffer extreme disadvantage.

### Characteristics of kinship care placements

Much literature refers to the unique circumstances of kinship care placements, especially when compared to foster care placements. This suggests the need in kinship care for different processes of support and management.

Kinship care placements usually occur in situations of great urgency when children and young people are assessed as no longer being able to live at home due to a serious risk of further harm from abuse and neglect. Alternative placements are sought for the children and young people, and relatives are considered as the first placement option (Mason et al., 2002). Often kinship carers are recruited out of need and not because they have initiated independent and informed decisions to become a kinship carer. Kinship carers are therefore usually unprepared for having to care for their extended family, and have not participated in any recruitment, assessment and training processes (McHugh, 2009; Yardley et al., 2009). Kinship carers also often continue their caring role out of a desire to prevent their extended family from entering alternative forms of care. Despite expressing their love and commitment for their extended family, kinship carers often report feeling obligated to care for them and are often motivated by family ties and responsibilities (Mason, et al., 2002; Paxman, 2006).

As a consequence of the expediting factors, and although preliminary checks occur in some states and territories, assessment processes for kinship carers often do not take place until after children and young people are living in the homes of kinship carers. These frequently do not take account of the specific needs and circumstances of the placement and most assessments are based on traditional foster care models (Higgins, et al., 2005; Mason, et al., 2002; McHugh, 2009). Kinship carers also generally receive no training, which restricts their ability to understand and respond to difficult situations, such as conflict with other family members and difficult behaviours expressed by the children and young people (Mason et al., 2002; Smyth & Eardley, 2008). They receive little (if any) ongoing monitoring and support, which is in contrast to foster carers, who receive, at least in principle, continuous human services support within a well-defined framework (Mason et al., 2002).

### Issues involving Indigenous kinship care

All Australian states and territories have legislation or policies guiding practice about ensuring that Indigenous children and young people who are not able to live with their birth parents are placed with relatives, kin or community members as a first option (Smyth & Eardley, 2008). This is known as the Aboriginal Child Placement Principle and is aimed at facilitating culturally appropriate placements for children and young people to preserve their Indigenous culture and identity. However, McHugh (2003) points out that the level of adherence to the Aboriginal Child Placement Principle appears to vary between states and territories. In addition to this, the level of support provided to Indigenous kinship carers, such as with financial support and training, is often comparably less than the support provided to non-Indigenous carers (McHugh, 2003). Also, Bromfield, Richardson, and Higgins (2006) noted that processes attached to Indigenous kinship care do not take into account culturally specific customs, such as communication styles, parenting practices, physical environment, community relationships and household composition.

The number of Indigenous children and young people placed in out-of-home-care is nine times the rate for non-Indigenous children and young people (AIHW, 2010). McHugh (2003) suggested that such figures, which have been consistent over previous years, indicate that out-of-home care systems are failing Indigenous carers, children and young people. The exact number of Indigenous children and young people in kinship care is not clear due to the ambiguity that exists between distinguishing kinship care and non-relative care within a cultural context (Higgins et al., 2005). However, according to AIHW (2010), 83.6% of Indigenous children and young people in out-of-home-care in NSW were placed with Indigenous relatives, other Indigenous caregivers or in Indigenous residential
and young people who have experienced abuse or neglect, undergone training about issues associated with children and under-resourced relative to foster carers, and have not care. Given that kinship carers are already disadvantaged unique characteristics of kinship care relative to foster care. The issues this creates for kinship carers relate to the increasingly complex.

In particular, all out-of-home care services have been transferred (or are in the process of being transferred) to NGOs, including foster care and kinship care services. These reforms represent significant changes for out-of-home care in NSW and signify major changes in the role of NGOs in providing management and support services to kinship carers and the children and young people placed in their care. On one hand, these changes provide the foundation for the development of a new integrated practice framework for kinship care. On the other hand, a critical issue identified among these changes is the lack of distinction between kinship carers and foster carers. While the Wood report (2008) was specific about distinguishing between kinship carers and foster carers, there was no reference to distinguishing between specific processes for working with these two groups. Additionally, the NSW State Government’s response was even less explicit than this and made generic reference to “carers”, which implied that foster carer and kinship carer issues could be rolled into one (Department of Premier and Cabinet, 2009). The transfer of out-of-home care services to NGOs leads to a diverse range of organisations with different philosophical backgrounds being responsible for supporting kinship carers. This further supports the argument for a statewide or national practice framework that provides consistency in standards of support across these organisations, and support in the form of funding to facilitate this process.

The role of non-government organisations

Non-government organisations have played a critical role in delivering services to children, young people and families at all levels, including the provision of universal, secondary and more targeted services (Spence, 2004; Woods, 2008). While most states and territories contract out services to NGOs for the recruitment, assessment, training and support of foster carers, the inclusion of kinship carers via this process is often not distinguished. Rather, most kinship carers come into contact with NGOs and other organisations through generalist and specialist family services. Spence noted that both generalist and specialist services provided by NGOs are increasingly responding to the emerging needs of kinship carers. Support programs have included therapeutic groups, individual case work, education groups and the development of resource kits that provide information about financial assistance, legal issues and support services.

In NSW, the role of NGOs in providing management and support services to kinship carers has recently changed with the implementation of the Keeping Them Safe initiative (Department of Premier and Cabinet, 2009). This approach involves a formalised and increasing role for NGOs in the support of child protection and child welfare issues. In particular, all out-of-home care services have been transferred (or are in the process of being transferred) to NGOs, including foster care and kinship care services.

The issues this creates for kinship carers relate to the unique characteristics of kinship care relative to foster care. Given that kinship carers are already disadvantaged and under-resourced relative to foster carers, and have not undergone training about issues associated with children and young people who have experienced abuse or neglect, they may not be equipped to cope with the demands and complexities associated with difficult behaviours, mental health issues and disability. Kinship carers also receive limited ongoing support compared to foster carers (Mason et al., 2002). These factors strengthen the argument for developing a structured framework specifically for kinship care. It is in the best interests of children and young people placed in kinship care to provide kinship carers with appropriate support to manage and respond to the complex needs of children and young people.
Kinship care without a practice framework

Analysis of the literature indicates that there is limited guidance in the form of structured frameworks that is provided to child welfare workers who are working with children and young people placed in kinship care. Mason et al. (2002) drew this conclusion when looking at legislation, departmental procedures and practice guidelines for kinship care across Australia. While NSW, Victoria, South Australia, the Australian Capital Territory and Tasmania have departmental guidelines for various aspects of kinship care, these were limited, especially in comparison to foster care documentation. Other states and territories—Western Australia, Queensland and Northern Territory—had no policies or procedures specific to kinship care at the time of research. In their analysis, Mason et al. identified several issues that need to be addressed, including: variation in recruitment processes, with even the most developed guidelines having a foster-care-derived approach; limited case management and intervention that usually occurred on a case-by-case basis; variability in financial support, even within the same jurisdiction; and uncertainty around the extent of statutory responsibility for children and young people at specific times during their kinship care placement, for example at the inception and conclusion of a kinship care placement.

Similarly, by examining kinship care practice, McHugh (2009) pointed out the lack of practice guidance for child welfare workers and called for an evidence-based approach to developing an organised and specific approach to supporting children, young people and their families in kinship care placements. McHugh highlighted the need to develop key elements for a practice model, including: an assessment process that is specific to kinship carers; training for kinship carers that is focused on their specific needs; support and supervision of kinship carers; training for child welfare workers; improved consultation processes with Indigenous organisations; and skilled intervention in resolving conflict in relationships.

Analysis of this research indicates that support provided to child welfare workers who are working with children and young people placed in kinship care is not suited to the placement type. Policies to guide practice and assist decision-making generally do not exist, and when they do they are usually rooted in traditional foster care frameworks that often do not translate fundamental differences between foster care and kinship care into appropriate kinship care practices. Child welfare workers are therefore potentially being forced to support kinship care placements and make decisions regarding children and young people in kinship care without a structured framework to guide those decisions.

Conclusion

This paper considers the issues pertinent to kinship care in Australia, with special reference to NSW, by conducting a review of Australian literature. Several issues were identified, which are indicative of the need for changes to be made to the processes and supportive functions applied to kinship care arrangements. The issues include: the lack of structured frameworks to guide child welfare workers when working with children and young people placed in kinship care; the disadvantaged position of many kinship carers due to the prevalence of poverty, poor health, financial hardship and low education; providing opportunities to listen to the voices of children, young people and kinship carers, who can articulate their specific needs and issues; the complex needs of children and young people in out-of-home care; issues relevant to Indigenous kinship care; the uniqueness of kinship care placements compared to other types of formal care arrangements; and the increasing role of non-government agencies in providing support to kinship care placements. Analysis of the literature indicates that support provided to kinship carers appears to vary and is limited. Structured frameworks and processes to guide decision-making for child welfare workers generally do not exist, and when they do they are usually based on traditional foster care frameworks that fail to account for differences between kinship care and foster care arrangements. Child welfare workers are therefore potentially being forced to make decisions regarding children and young people in kinship care without a structured framework to guide those decisions.

Given the disadvantaged position of many kinship carers due to the prevalence of poverty, poor health, financial hardship and low education, child welfare workers need to be concerned with the vulnerability of both kinship carers and the children and young people placed in their care. Additionally, the structural nature of this disadvantage, including the female status of many kinship carers and the traditional view of the role of women in the family, causes concerns for the potential vulnerability of this group.
Based on this analysis of issues identified in the literature, distinguishing features related to a proposed practice framework for kinship carers need to at least include (but are not limited to) specific processes for the initial phase of the kinship care placement, including the identification of potential kinship carers, assessment and preparatory support. Kinship carer participation in initial agency procedures, such as case conferences, is important, and the provision of supportive functions during assessment rather than a focus on risk would assist kinship carers in making early adjustments to their role. The provision of ongoing training and support for kinship carers is also a key component to a proposed practice framework, including the provision of access to services and formal support structures, and education and training about children’s health, behaviour and special needs. Other elements need to address family relationship issues, including conflict resolution, particularly within family relationships, the opportunity to deal with grief and loss issues, and support with contact procedures between birthparents and the child or young person. Practical support is needed in the form of respite care, medical support for kinship carer health needs, access to information and support with legal procedures, and financial support, including the payment of birthparent debts that affect the child or young person. A practice framework that accounts for cultural practices, including improved consultation procedures and recognition of connections between family, community and culture is also important.

Failing to address the needs of kinship carers neglects the needs of the children and young people placed in kinship care, which stands in opposition to a child-focused approach and serves to further subordinate children, young people and kinship carers who already suffer extreme disadvantage. Developing a practice framework for kinship care would take a significant step towards addressing these needs.

References


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Do Australian teenagers contribute to household work?

Pavla Miller and Justin Bowd

Do Australian teenagers contribute to housework and child care? How do their contributions relate to the time use of their mothers and fathers and the tasks that need to get done? How do young people’s notions of duty and entitlement affect social divisions of labour, the viability of particular demographic strategies, and theorisations of what counts as “work” more generally? Large and sophisticated time use surveys, such as those conducted by the Australian Bureau of Statistics (ABS) in 1992, 1997 and 2006, provide an invaluable source of quantitative information regarding these issues. In this paper, we present some of the findings they provided about three samples of 15–19 year olds living in single-family households. These Australian time use surveys have provided material for many excellent studies of the distribution of domestic and caring labour between adults. Research on the distribution of work between parents and teenagers is more difficult to find. As far as we know, this paper represents the first systematic attempt to explore the relevance of Australian time use surveys to studying teenagers as domestic workers and carers over time.

Do children work?

This study is set in a larger context of emphasising young people as actors in their own right, and renewing the focus on children and work in industrialised countries. It is now routinely acknowledged that over the last three decades, youth labour markets have been radically reshaped. The most marked trend has been the disappearance of full-time positions for school leavers, and a steady growth of part-time and casual jobs, often filled by those who still attend school. As a corollary of these developments, a larger proportion of young people participate in educational activities for longer periods of time, and transitions from education to paid employment have become more complex and diverse. Among the studies dealing with changing patterns of growing up, those documenting the extent of children’s participation in paid work have proved particularly important. However, as we discuss later in this paper, much less attention has been given to those aspects of socially useful labour that are not paid (such as housework and care work), but which many commentators argue should also be included in definitions of what counts as “work”.

Recently, young people’s usefulness has become the focus of significant research activity. In 2001, a Victorian report (Industrial Relations Victoria, 2001) found that the formal workforce participation rate of 15-year-olds attending school increased from around 10% in 1966 to 39% in 2001. Among students who were also part-time workers, one in
five was employed for more than 16 hours a week. The following year, the Textile, Clothing & Footwear Union of Australia (TCFUA) Victoria estimated that there were 36,000 children involved in outwork in Victoria (TCFUA Victoria, 2002). Some children assisted directly with sewing and finishing; others took over tasks that would otherwise be done by adults. By 2005, noting that “little is known about the work experience of children aged 15 years or younger” (Fattore, 2005, p. 1), the New South Wales Commission for Children and Young People commissioned a survey of young people and work and published a comprehensive report on Children at Work (Fattore, 2005). As in the report on outwork, the Commission adopted a wide definition of “work”, showing that over 56% of the 11,000 children between 12 and 16 years who took part in the study had worked at a broad range of paid and unpaid tasks other than schoolwork and routine housework in the previous 12 months. Such work participation increased with age, and was more prevalent among females than males. Children living in the least disadvantaged areas were twice as likely to work as those in the most disadvantaged ones; teenagers in rural and regional areas were twice as likely to participate in such work as those in metropolitan areas. Finally, children from culturally and linguistically diverse (CALD) backgrounds were half as likely to take part in tasks other than schoolwork and routine housework compared to those of Anglo-Australian background.

Focusing on children in low-income families, other scholars (e.g., Dodson & Dickert, 2004; Ridge, 2007) have documented the extensive physical work, care-giving and domestic management responsibilities critical to family survival that children—and girls in particular—provide for their households. In recent years, another eminently useful group of teenagers—those caring for ill or disabled family members—came into public and policy focus. Spread through the socio-economic spectrum, these young carers are estimated to constitute between 6% and 10% of the Australian youth population (Noble-Carr, 2002).

In contrast to the extensive research documenting young people’s “usefulness”, a number of qualitative studies of teenagers’ resistance to housework—as well as a voluminous advice literature dealing with conflicts between parents and children—focus on their notions of entitlement to the work of others and their apparent “uselessness”. Goodnow and Lawrence (2001), for example, noted that most Australian parents justify requests for housework in terms of preparation for the future, rather than in terms of equitable division of work that must be done now. Their sceptical offspring, in contrast, according to an international overview study, “do not consider their involvement in household chores as an opportunity to learn valuable skills … feel little responsibility for home chores, and experience parental requests … as harassment” (Lee, Schneider, & Waite, 2003, p. 110). In Australia, teenagers were found to drive a hard bargain for washing the dishes or making a bed, and to refuse to do any more housework if they felt they were not getting an appropriate rate for the job (Gill, 1998). A study completed in 2007 found that Melbourne teenagers strenuously resisted mothers’ and fathers’ attempts to get them to do domestic tasks (Carter, 2007). In most of the families surveyed, children as well as men claimed an entitlement to be someone who has domestic work done for them, rather than someone who must do such work for others. Among those who could afford it, women too claimed this status; the most affluent families tended to understand domestic labour in terms of a hierarchy based on relations of class rather than those of gender, and employed others to take care of it (Carter, 2007).

Time use for teenage sons was overwhelmingly taken up by personal activities and recreation and leisure. Teenage daughters spent some time shopping, spent twice as much time in social and community interaction, and contributed almost three times the domestic work of their brothers.
Time use surveys and family relations

One approach to the widely divergent portrayals of young people noted above would be to argue that, on balance, one side is more accurate and appropriate than the other. This paper proposes an alternative strategy. Statistically representative surveys, we suggest, can be used to map a diversity of young lives. Rather than ask whether teenagers work (given conflicting definitions of what “work” entails), it is more informative to map all the activities respondents undertake during a typical day. Rather than deal with individuals in isolation (given the capacity for children and adults to substitute for each other in the performance of many necessary and time-consuming tasks), it is better to deal with whole households, and examine the distribution of tasks among co-resident family members (Williams, Bridge, & Pocock, 2009). In this context, it is significant that time use surveys, which provide particularly useful material for such projects, tend to be used in markedly different ways by researchers focusing on adults and on children.

Influenced by feminist debates, studies of time use among adults have contributed to a fine-grained understanding of the gender division of labour, with its complex inequalities, compromises and relations of power (Folbre & Bittman, 2004). A recent overview of the 2006 ABS time use survey, for example, concluded that even though men’s average contribution to unpaid work has grown by about an hour and a half a week over the last decade, women in Australia still undertake twice the amount of housework of their male counterparts (ABS, 2009). As in other countries, women’s increased participation in the paid workforce has had more effect on decreasing the time they themselves spend on housework rather than increasing the contribution of men (Craig, 2006). Since Australian men contribute about twice as many hours to paid work than do women, the total weekly workload of women and men, measured in terms of their main activity, is almost the same; at just over 50 hours (ABS, 2009). However, when concurrent secondary activities are taken into account, in households in which there is a youngest child below school age, mothers have a workday that is between three and five hours longer than fathers in the same family configuration (Craig & Bittman, 2008).

In contrast to emphases on equitable relations between women and men, researchers dealing with children and teenagers tend to focus on factors such as individual health status and the development of intellectual skills, or else on the distribution of time between activities such as television viewing, computer use, school-related activities and part-time work, and their possible relation to valued personal attributes such as educational achievement and successful transition to work (Larson & Verma, 1999). Where a relational approach to age relations is adopted, it most often deals with the effect of children on adults’ time use and living standards, while regarding children as undifferentiated care-consuming units (Craig, 2007; Craig & Bittman, 2008). Frequently, the data leave researchers no choice in the matter. The ABS time use surveys count the number of household members under 15 years of age but do not record what these children do with their time. They thus allow researchers to estimate the differential demands for housework in households with different numbers of children, but do not make it possible to assess the way in which children’s self-care and housework substitutes for parents’ care work and vice versa.

In addition to inspiring different analytical emphases, sensitivities regarding “child labour” affect the collection of data, and in turn limit the questions that can be answered. Eurostat (2004) recommended that “persons of 10 years and older are included in the Time Use surveys” (p. 8). Finland, Norway, Sweden, Austria and Japan have followed these recommendations; Belgium, Germany, Hungary, New Zealand and Netherlands survey those aged 11 or 12 years and over. While several Australian panel surveys have begun to track the time use of babies, parents and carers, the national time use survey conducted by the ABS in 2006 only dealt with those aged 15 years and over.

Whatever the precise reasons, in comparison to the wealth of statistically based studies dealing with gender divisions of labour among adults, research on the distribution of work between parents and teenagers is more difficult to find. The existing literature has shown that, on average, young people in developed countries do little around the house, and create more mess and bother than they clean (e.g., Alsaker & Flammer, 1999; Gauthier & Furstenberg, 2000; Hofferth & Sandberg, 2001; Larson & Verma, 1999). One typical European study, for example, estimated that in families with the youngest child aged between 7 and 15 years, teenagers contributed less than a third of the total work they created, and in families with the youngest child aged over 15, teenagers’ supply of housework still equalled only 38% of their total demand for it (Bonke, 1999). Throughout, boys were shown to constitute a greater drain on their parents’ time and resources than girls. In a thought-provoking analysis about a three-way division of domestic labour between mothers, fathers and children in the US, Goldscheider and White (1991) concluded that in white, two-parent families, teenage boys hardly lifted a

In households of the fifth of teenagers who contributed nothing, mothers spent nearly twice the amount of time on household and child care tasks than did fathers.

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finger, but teenage girls performed a substantial proportion of the domestic work. Their innovation was to point out that mothers’ increased education and participation in the paid workforce, particularly when combined with the higher education of their partners, tended to make marriages somewhat more egalitarian. As far as mothers were concerned, however, little had changed with respect to the total housework they performed, because children decreased their share of the work proportionately to the increase in housework performed by their fathers.

**Australian time use surveys and teenagers’ housework**

Our project uses existing Australian time use surveys, despite their emphasis on adults, to illuminate some of the issues regarding the age relationships mentioned above. Even though the national time use surveys for 1992, 1997 and 2006 only recorded the activities of those 15 years and over, they do provide invaluable insight into the changing distribution of tasks between the generations. To anticipate, as in other industrialised countries, Australian teenagers are making a small—and decreasing—contribution to housework. When Bittman (1991) summarised the results of the 1987 Australian Pilot Survey of Time Use (which only dealt with those 15 years and older in the Sydney Statistical Division), he noted that the most notable feature of children’s contribution was:

> just how small it is. The average [mean] time spent in unpaid work around the house by these progeny is a meagre 7 hours 6 minutes per week [or just over one hour a day]. Beside this Lilliputian contribution even husbands’ contributions begin to look giant. (pp. 23–25)

In the 2006 ABS survey, teenagers’ mean contribution to housework and child care combined had shrunk to 43 minutes per day; their contribution to domestic chores alone had diminished to 37 minutes per day.

There were 7,056 respondents in the 1992 survey, 7,260 in 1997, and 6,902 in 2006. Our analysis was restricted to teenagers who were 15–19 years old and lived in single-family households with their parents. Teenagers were excluded where no parental time use data were available. In all, there were 522 teenagers meeting the above criteria in the 1992 sample, 511 in 1996 and 486 in 2006.

### Table 1 Mean and median daily minutes spent in general activity classifications, by family member and year

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
<th>Daughter</th>
<th>Son</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Means</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No activity</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Personal</td>
<td>607</td>
<td>640</td>
<td>653</td>
<td>600</td>
</tr>
<tr>
<td>Employment</td>
<td>182</td>
<td>188</td>
<td>196</td>
<td>373</td>
</tr>
<tr>
<td>Education</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Domestic</td>
<td>236</td>
<td>226</td>
<td>218</td>
<td>108</td>
</tr>
<tr>
<td>Child care</td>
<td>29</td>
<td>29</td>
<td>33</td>
<td>9</td>
</tr>
<tr>
<td>Purchasing</td>
<td>59</td>
<td>62</td>
<td>66</td>
<td>32</td>
</tr>
<tr>
<td>Volunteering and adult care</td>
<td>20</td>
<td>16</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Social and community interaction</td>
<td>102</td>
<td>49</td>
<td>50</td>
<td>81</td>
</tr>
<tr>
<td>Recreation and leisure</td>
<td>199</td>
<td>218</td>
<td>195</td>
<td>225</td>
</tr>
<tr>
<td>Productive activities*</td>
<td>529</td>
<td>526</td>
<td>538</td>
<td>534</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No activity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Personal</td>
<td>600</td>
<td>629</td>
<td>648</td>
<td>595</td>
</tr>
<tr>
<td>Employment</td>
<td>53</td>
<td>43</td>
<td>123</td>
<td>385</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Domestic</td>
<td>228</td>
<td>208</td>
<td>203</td>
<td>73</td>
</tr>
<tr>
<td>Child care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Purchasing</td>
<td>45</td>
<td>48</td>
<td>53</td>
<td>13</td>
</tr>
<tr>
<td>Volunteering and adult care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social and community interaction</td>
<td>75</td>
<td>28</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Recreation and leisure</td>
<td>180</td>
<td>201</td>
<td>170</td>
<td>190</td>
</tr>
<tr>
<td>Productive activities*</td>
<td>529</td>
<td>515</td>
<td>545</td>
<td>561</td>
</tr>
</tbody>
</table>

Notes: Data is restricted to single-family households containing parents and co-resident teenage children aged between 15 and 19 years. Time spent is given in terms of main activities, not concurrent secondary activities. * Productive activities comprise the categories: employment, education, domestic, child care, voluntary and adult care, and purchasing.

Source: ABS 1992, 1997a, 2006a
two teenagers reported, and around 2% from households where three did so. In each survey, respondents were asked to record all their primary and secondary activities in five-minute intervals over two days. Our analysis only deals with the primary activities recorded by respondents. In Table 1, we present a summary of the results, arranged in the nine major ABS Time Use Activity categories. Other than in Table 1, we combine categories 4 and 5 into one general category of “domestic and child care” activities. The figures are derived from the total time reported for each activity per person divided by the number of diary days (almost always two) supplied by that person. Where we relate the time use of parents and teenagers, we refer to co-resident family members rather than the full sample of adult respondents. This makes for a parent sample of 772 in 1992, 717 in 1996 and 678 in 2006. It is important to note that the number of parents cannot simply be divided by two to obtain the number of households; some teenagers were from single-parent families; other parents were in the sample more than once because they were linked to more than one reporting teenager.

There is a range of technical problems with reporting the results of our analysis of this data. The most significant one is the fact that family members’ housework and child care activities are not normally distributed. As shown in Figure 1, while the activities of mothers resemble a hat-shaped normal curve, those of fathers, daughters and sons look like an increasingly precipitous slide, with ever-greater proportions registering no domestic and child care activities at all. As a result, the mean daily minutes of family members’ contributions present a more favourable and equitable picture of family life than medians do. For this reason, we report both in Table 1.

At first glance, the data suggest that young people are increasingly “domestically useless”. Figure 2 depicts the shrinking teenage contributions to housework and child care, particularly when compared to those of their parents.

Figure 1 and Table 3 both show the growing proportion of young people who reported doing no domestic or child care tasks whatever on either of the two days on which their time diaries were completed. In the 2006 sample, 118 of the 486 teenagers were in this category; 65 others did between one and less than ten minutes daily on average. As can be seen in Table 1, the median daily minutes for teenage sons were overwhelmingly taken up by personal activities and recreation and leisure. In the 2006 sample, half or more of this group reported no employment, purchasing and voluntary and adult care activities; their medians for social and community interaction and for domestic work, were fifteen and ten minutes respectively. The median time use of teenage daughters was more varied. They spent some time shopping, twice as much time in social and community interaction than sons, and contributed almost three times the domestic work of their brothers. The fact remains, however, that the daughters’ median contribution to housework was less than a third of their fathers’. Yet the same data can also be used to document considerable polarisation among young people, and the existence of a substantial minority of eminently “useful” teenagers. In Table 1, this is already visible in the much higher median figures for domestic and care activities compared to medians. Among sons, for example, the 1992 mean of domestic minutes was more than double their median; in 2006, it was three times greater. When the mean daily minutes of domestic, child care and voluntary work and adult care are combined, daughters are shown to perform 77 minutes of such work in 1992 and 57 minutes in 2006. The corresponding figures for sons are 50 minutes in 1992 and 35 minutes in 2006.

Figure 1

Frequency distributions of daily minutes spent in domestic and child care activities, by family member, 2006

![Figure 1](image1.png)

Note: Data is restricted to single-family households containing parents and co-resident teenage children aged between 15 and 19 years. Time spent is given in terms of main activities, not concurrent secondary activities.

Source: ABS 2006

Figure 2

Median and mean daily minutes spent in domestic and child care activities, by family member and year

![Figure 2](image2.png)

Note: Data is restricted to single-family households containing parents and co-resident teenage children aged between 15 and 19 years. Time spent is given in terms of main activities, not concurrent secondary activities.

Source: ABS 2006
child care tasks daily—the same as their equally helpful fathers. In the families of these most “domestically useful” young people, the combined contribution of fathers and teenagers exceeded that of mothers by an hour and a quarter a day (assuming there was only one such teenager in the house). In contrast, in households of the fifth of teenagers who contributed nothing, mothers spent nearly twice the amount of time on household and child care tasks than did fathers. In all, the overall mean contribution of 43 minutes of housework and child care per day was obtained by averaging the activities of a small group of young people who shouldered a major share of household work, and a much larger group who contributed little or nothing. The same pattern is depicted in Figure 1: while most teenage sons are bunched up at the “domestically useless” end of the scale, some outliers performed 2, 3 or even 5 hours of domestic and child care work each day. Polarisation among teenage girls was less marked but still substantial. Fewer teenage daughters (but still over a fifth) reported little or no tangible contribution to the domestic work and child care in their household. But while their median contribution to such work amounted to 30 minutes a day, a significant minority of outliers contributed three or more hours a day.

Studies of adults’ time use have shown significant changes over time, and a modest narrowing of gender inequality. We too have found significant long-term changes in gender and age-based divisions of labour. As shown in Figure 2, gender inequality in the distribution of caring and domestic work among the adults in our sample (comprising parents of co-resident teenagers) decreased slightly between 1992 and 2006. The mothers still performed more than twice as much of this work as fathers, but while mothers gradually decreased their large contribution, fathers first decreased and then substantially increased theirs. During the same period, not only did the time teenagers spend in domestic and child care activities gradually decline, it also decreased as a proportion of the average parent contribution. One measure of this pattern can be seen in Table 3, which shows the relative proportion of fathers, daughters and sons who reported doing no housework or child care. In 1992, 9.5% of fathers were in this category, 5.6% of daughters and 27.3% of sons. By 2006, the proportion of housework-free fathers was nearly half that of 1992, but the proportion of daughters almost tripled to 15.8%, and that of sons rose to 33.9%.

Were teenagers perhaps increasingly preoccupied by other productive endeavours? In Table 1 we combined employment, education, domestic, child care, voluntary and adult care and purchasing into one approximate category of “productive activities”. On this measure of primary activity, the mean contribution of fathers in our sample slightly decreased and the contribution of mothers slightly increased over the 14 years, but was roughly the same at almost nine hours per day. The mean contribution of sons fell by 25 minutes per day between 1992 and 2006 to just under 6 hours. In proportional terms, it was the mean contribution of daughters that changed most markedly: it fell by 49 minutes a day to just over 6 hours a day. It is likely that counting both primary and secondary concurrent activities, as Craig and Bittman (2008) did, would add further complexity to the findings, and in particular enhance the contribution of mothers.

We have conducted a number of statistical tests to see whether there are any factors that could explain the huge variability in the teenagers’ usefulness. There are numerous methodological difficulties in modelling teenagers’ domestic and child care work and, without going into great detail, these are associated with the large number reporting no contribution and the associated skewness of the distribution (as shown in Figure 1). We divided teenagers into quintiles and performed an ordinal logistic regression to try to identify variables that increased the likelihood of a teenager being in a higher quintile.

### Table 2 Mean daily minutes for domestic and child care activity, by family members and various quintiles of teenage activity, 2006

<table>
<thead>
<tr>
<th>Top teen decile</th>
<th>Top teen quintile</th>
<th>Bottom teen quintile</th>
<th>Overall</th>
<th>Total no. of observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenagers</td>
<td>177</td>
<td>131</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Mothers</td>
<td>282</td>
<td>279</td>
<td>234</td>
<td>252</td>
</tr>
<tr>
<td>Fathers</td>
<td>178</td>
<td>162</td>
<td>131</td>
<td>138</td>
</tr>
</tbody>
</table>

Note: Data is restricted to single-family households containing parents and co-resident teenage children aged between 15 and 19 years. Time spent is given in terms of main activities, not concurrent secondary activities.

Source: ABS 2006a

### Table 3 Percentage of family members performing no domestic or child care activities

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>0.2</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Fathers</td>
<td>9.5</td>
<td>7.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Daughters</td>
<td>5.6</td>
<td>12.0</td>
<td>15.8</td>
</tr>
<tr>
<td>Sons</td>
<td>27.3</td>
<td>26.2</td>
<td>33.9</td>
</tr>
</tbody>
</table>

Note: Data is restricted to single-family households containing parents and co-resident teenage children aged between 15 and 19 years. Time spent is given in terms of main activities, not concurrent secondary activities.

Source: ABS 1992, 1997a, 2006a
model that combined samples from all years, we found that the odds of daughters being in a higher domestic and child care quintile were 2.5 that of sons \((p < .01)\), while other variables (mentioned below) were held constant. Teenagers from the 1992 sample had odds of being in a higher quintile 1.7 times greater than those from 2006 \((p < .01)\), while the odds of teenagers from 1997 being in a higher quintile were 1.5 times that of those from the 2006 sample \((p < .01)\). Having one or more family members with a disability increased the odds 1.4 times \((p < .01)\). For each diary day that was a weekend, the odds of a teenager being in a higher quintile increased 1.4 times \((p < .01)\). Teenagers not residing in a major city were 1.3 times more likely to be in a higher domestic and child care quintile \((p < .05)\). Parent’s highest level of education achieved, their single/partnered status, income, and their daily minutes of paid work had no statistically significant influence on the domestic and child care contributions of their teenage children. Similarly, the presence of a child under 14 in the household and a teenager’s status as either being “independent” or “a dependent student” had no bearing on their location in quintiles of average daily minutes of domestic and child care activities contributed.

**Conclusion**

Our analysis of the three national ABS time use surveys found that young people’s contributions to their households varied significantly, with some doing a great deal and others little or nothing. Against this diversity, teenagers’ aggregate contributions to household and caring work were small and falling. Increasing gender equality among 15–19 year olds living with their parents was manifested in girls becoming more “domestically useless”, like their brothers, rather than in boys doing more. If paid and unpaid work as well as education are included in overall productive activity, the disparity between parents and teenagers lessens significantly. Yet, here again, daughters are becoming more like sons, rather than retaining an intermediate status as “useful housechildren”.

These findings are significant for a number of reasons. Given the considerable disparity in teenagers’ contributions to household and caring work, they suggest that the ABS should follow the Eurostat (2004) recommendation to include those aged 10 years and over in future time use surveys. For the same reason, schemes designed to plot transitions between school and “work” (such as Vickers, Lamb, & Hinkle, 2003), need to take account of young people’s differing participation in unpaid productive activities. Finally, the findings suggest that time use studies should more often examine both gender and generational dynamics of household divisions of labour and resources.

Despite their significance, statistical analyses cannot answer many important questions regarding children and work. Even the definition of what constitutes “work”, or productive activity more generally, is highly contested; it is
Increasing gender equality among 15–19 year olds living with their parents was manifested in girls becoming more “domestically useless”, like their brothers, rather than in boys doing more.

not simply a matter of researchers clarifying assumptions and tightening definitions. For example, “hygiene” and “communication associated with recreation and leisure” are classified under the broader categories of “personal care” and “recreation and leisure” respectively, but some young people would regard self-fashioning and creating and maintaining social networks as essential and productive cultural activities. Similarly, as every parent knows, who should cook the dinner and who should be entitled to have their clothes washed and ironed cannot be settled once and for all, but is subject to constant negotiation and contestation. Finally, even robust statistical findings on the extent of time spent on particular tasks are not sufficient in illuminating household relations of power and meanings of work, and indicating whether a teenager cleaned the bathroom under duress or of their own initiative (Solberg, 1997). For these reasons alone, our findings need to be set in the context of research from several academic disciplines, using a range of methodological approaches, and drawing on both qualitative and quantitative sources of evidence.

What are some policy implications of this study? Current debates regarding citizen’s equitable participation in public life emphasise that the distribution of domestic and caring work needs to be addressed if adult women are to contribute to their full potential. Among the range of possible solutions to easing women’s “double burden” of paid and unpaid work is the creation of family-friendly workplaces; shared parenting and household work; provision of social services, maternity and parental leave; purchase of meals and cleaning services; and the employment of nannies and housekeepers. The same range of policies and strategies, it is increasingly argued, is at the heart of maintaining sustainable birth rates. The distribution of responsibilities and entitlements between the generations too is profoundly influenced by policy- and market-related issues. The length of the school day and year; the setting of homework; the structure, funding and costs of education systems; youth labour markets; and the extent to which youth cultures are mediated through consumer purchases, are all significant. But so too is the way in which young people and their parents understand and divide chores and responsibilities at home. Just as there are households where couples practice different gender distributions of work and responsibility, so there are ones where different models of age relations apply. Some are more conducive to mothers’ and fathers’ participation in public life and feasible childrearing, others are not.
References


Endnotes

1 In that study, the definition of ‘work’ included any jobs or work activities identified as such by participants, with the exception of routine household tasks and schoolwork. This broad definition was intended to capture both conventional work arrangements and work that was one-off, temporary or short-term. It did not exclude work on the basis of who the work was done for, or whether it received financial remuneration. The survey thus captured “conventional” paid employment, regular part-time work, casual work, one-off jobs, work for the family (excluding routine household tasks)—such as helping out in a family business or on a family farm, helping parents do their work from home, or looking after a sibling while parents are at work—and work for neighbours or community-based organisations, including volunteer activities (Fattore, 2005).

2 The contrast between ‘useful’ and ‘priceless but useless’ children is elaborated in Zelizer’s (1985) influential book, Pricing the Priceless Child.

3 See, for example, the Household, Income and Labour Dynamics in Australia (HILDA) study—funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and managed by the Melbourne Institute of Applied Economic and Social Research (www.melbourneinstitute.com/hilda), and Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) —conducted in partnership between FaHCSIA, the Australian Institute of Family Studies (AIFS) and the ABS, <www.aifs.gov.au/growingup>.

4 The Confidentialised Unit Record Files (CURFs) from the expanded time use surveys 1992, 1997 and 2006 (ABS, 1992, 1997a, 1997b, 2006a, 2006b) consist of unidentified individual statistical records containing information on variables including, but not limited to, household items and services used, age of youngest child in household, state (partially aggregated), Socio-Economic Indexes for Areas (SEIFA) (relative disadvantage), capital city and rest-of-state identifiers, age (in five-year intervals), sex, marital status, birthplace, birthplace of parents, labour force details, occupation, student status, educational achievement, details of income and source of income, disability, carer status, use of child care in the household, quarter of year, day of week, start and finish time of activity episodes, length of episode, primary and secondary activities, location of activity episode, mode of transport, and social context and for whom activity is done. To give an example of the scope of the survey, the 2006 sample consisted of 6,902 people from 3,626 households who reported 381,355 episodes from 13,637 person days.

5 The categories and other details of the surveys are described in the relevant Users’ Guides (ABS, 1997b, 2006b).

6 “Median” refers to the amount contributed by the person in the middle of the whole group when its members are ranked by the size of their contributions. “Mean” refers to the total amount of contributions divided by the number of people in the sample.

7 We also ran the model with the amount of time spent in education and employment as variables to control for their influence on domestic and child care activities over the years. While they had a significant effect on teenagers’ domestic and child care work (to be expected as they are mutually exclusive as primary activities), they did not temper the effects of the year in which the sample was drawn from.
What is this thing called collaborative law?

Caroline Counsel

Over the last decade there has been considerable growth in both the different models of professional assisted dispute resolution available, and in the range of government, non-government and private sector agencies providing them. Awareness of the various options available to clients can assist practitioners working with separating couples to make more effective referrals. The following article describes a form of lawyer-assisted family dispute resolution (FDR), known as collaborative practice.

Prior to recent legislative amendments, the private negotiation of settlements in family law disputes was historically the domain of lawyers. Within the context of an adversarial legal system, such negotiations were typically conducted by letter, were positional and were informed by the ever-present threat of litigation. Collaborative family law practice creates a new role for lawyers that includes skills similar to those used in mediation, whereby lawyers work together (sometimes in conjunction with other collaboratively trained professionals) to facilitate child- and family-focused discussion between the parties, with the aim of reaching mutually acceptable negotiated settlements. It is a process involving confidential and transparent negotiations that take an interest-based, team approach, as opposed to one that is rights-based or adversarial.

The process involves separating couples and their lawyers entering into a written agreement that during the process the parties will not litigate or threaten litigation in relation to the dispute, and the lawyers will not advise clients to threaten litigation. If the collaborative process is not adhered to and/or the process does not resolve the dispute, the agreement is terminated; the lawyers for both cannot represent the separating couple in any subsequent, related litigation and the clients are referred to new lawyers. Clients and lawyers have a duty to make a full and frank disclosure of all matters relevant to the dispute. Lawyers, while representing their individual clients, have a duty to assist the family as a whole to achieve the best possible outcome. Jointly retained neutral experts can be called into the process to reduce conflict opportunities and support parties.

What clients are suited to using collaborative processes?

Collaborative practice does not favour one type of client or exclude others. While it is theoretically open to all clients, clients with severe psychological or personality disorders, and cases involving a history of domestic violence, may be deemed inappropriate for using collaborative processes.

The collaboratively trained lawyer conducts their first interview with a client in a very different manner to a lawyer in a traditional lawyer-directed negotiation or litigation. The first interview is referred to as a “process” interview, in which all the methods of achieving settlement are discussed and evaluated with the client. A collaborative practitioner is trained to screen a client in or out of the process. If it becomes clear that the client, or their former partner, is unsuited to the collaborative process, then the lawyer is able to switch gears and change the content of the interview.

In the process interview, it is important for the lawyer not to indicate a preference for a specific method of dispute resolution. The client may indicate a clear preference or may in fact elect to decide which process may work best for them and their family at a later date. It is imperative that the client opt-in to a process that they perceive to be safe for them. It is also important for the practitioner to avoid giving unduly positional legal advice.
As part of the screening process, the kinds of issues explored can include:

- any concerns the client may have about being in the same room as their former partner, or negotiating with them;
- the level of trust between the parties—Is trust so diminished that the client wishes to utilise court processes for discovery and production of documents? What, if anything, can be done to address a lack of trust?
- the client’s ability to demonstrate empathy for their former partner;
- the client’s ability to articulate what is important to them, and what they want to achieve; and
- any drug/alcohol dependency or other addictive behaviours of either party.

Difficulty in any of these areas may not necessarily preclude a client from opting-in to collaborative processes. As with mediation, a collaborative practitioner may be able to assist the client with concerns about participating in the process. In some cases, the involvement of a mental health care professional is essential for helping to explore such issues, and putting in place sufficient support systems to assist that particular client.

If lack of trust is an issue and this cannot be overcome, then the collaborative process may be unsuitable, particularly if the client no longer perceives the collaborative process as being “safe” for them.

How does collaborative practice differ from other forms of FDR?

Collaborative practice is positioned differently in relation to litigation than FDR and other lawyer-directed negotiation processes. The collaborative agreement entered into by the parties means that those involved do not operate in the shadow of the court. Most clients attending FDR retain access to court processes should they elect to proceed down that path. Litigation, while not on the table, is still on the menu.

In a collaborative practice setting, litigation has been removed from the equation. While the separating couple can elect to abandon the collaborative process and proceed to litigate at any time, the lawyers who represent them in the process cannot. The lawyers are voluntarily excluding themselves from ever representing the clients in court and this voluntary exclusion becomes binding on them should the process come to an end. As such, the clients would need to be sufficiently motivated to litigate to invest the time and money required to instruct a new lawyer.

Once court has been ruled out, the focus for all concerned is no longer about winning and losing. Rather, the energies shift towards getting to a mutually acceptable agreement for the family as a whole. Interest-based negotiation techniques allow parents greater scope to focus on their children’s needs. By working with other collaboratively trained professionals—such as child psychologists, counsellors and therapists—clients can begin to develop a different relationship with each other, learn the business of parenting apart in a way that promotes the wellbeing of their children, and thereby preserve the concept of family.

A lawyer cannot collaborate by themselves, but is trained to assist a client interested in collaborative practice about how best to raise this with their former partner. If one client chooses a lawyer who is not trained in the process, the lawyers can work out how best to proceed and it is still open to them to conduct a cooperative negotiation. Given the very specific skill set required to do the work, it is not possible for an untrained lawyer to enter into a collaborative negotiation.

Some pros and cons of using collaborative processes

Pros

- Clients are present at all times during negotiations and are empowered to participate in their own negotiation. This can result in greater client ownership of the outcomes.
- Clients are in control of the process. Agenda items, frequency of meetings and the professionals involved are decided by the clients, not the lawyers.
- Clients must pre-approve expenditure for all steps of the process, and agree on how the professionals are to be paid.
- The collaborative contract provides clients with a clear understanding of the process.
- Unlike traditional lawyer negotiations, non-legal issues are not deemed irrelevant to the discussions.
- Clients can develop better communication and parenting skills.
- Clients with particular needs and vulnerabilities may cope better with negotiations when the threat of litigation is removed.
- Lawyers are learning a greater range of skills that can be incorporated into their practice.
- It is a less stressful way for lawyers to work in a profession that is noted for its mental health concerns.
There are no tactics in this process. It has a win-win outcome and not win-lose at the expense of one of the parties.

The same process of identifying and valuing assets and liabilities is used as with any other form of negotiation or litigation. The clients can then choose whether or not they want to conduct a detailed analysis of contributions. As the process is future-focused, “needs” are considered by both parties in the context of the best outcome for the family as a whole.

Cons

- It is not advisable for clients with extreme personality disorders, mental health problems, ongoing addictive behaviours or severe domestic violence issues.
- Unlike litigation, clients have no access to Rules of Court to ensure access to information and documents (known as “discovery”), or compliance with processes.
- The client is required to engage new lawyers if the collaborative process does not result in settlement.
- If the negotiation process breaks down, collaborative practitioners are not presently authorised to issue a certificate under section 60I(8) of the Family Law Act 1975, stating that the parties have attempted to settle their dispute—a prerequisite to initiating court action.
- There is no authoritative decision-maker in the room.

- Lawyers are required to undergo training and change their thinking from a rights-based to an interest-based model.
- Given the relative newness of this process, it can be difficult to convince the other party to participate.

Training

Lawyers must undergo introductory collaborative training before they can hold themselves out to be a collaborative practitioner. To join Collaborative Professionals Victoria (CPV), practitioners must first undergo the initial training and complete the advanced training within two years. The Law Institute of Victoria was the first law society in Australia to have a dedicated Collaborative Practice Section as part of its membership support and development. While there are ample opportunities for advanced collaborative training in Australia and overseas, there is yet to be a system for the accreditation of collaborative professionals in Australia. This is due in part to the relatively new addition of the collaborative process as a means of dispute resolution.

The International Academy of Collaborative Professionals (IACP) collates and disseminates statistical information gathered from all collaborative communities around the world as to outcomes and emerging trends. The IACP is not the exclusive domain of lawyers, reflecting the multidisciplinary nature of the work. The academy is responsible for the education of its members and holds an annual networking/education forum, incorporating current social science research.

Conclusion

While the use of collaborative law processes in other jurisdictions is not restricted to family law disputes, it is a practice model peculiarly suited to resolving disputes between separated couples. Collaborative practitioners are motivated to preserve peace, enhance good communication and assist parents become child- and future-focused in their thinking and dealings with each other. In this way, collaborative practitioners work in parallel with the work being done by child psychologists and other FDR practitioners.

Endnotes

1 Such as that provided by state legal offices pursuant to a grant of aid. See companion article for a comparison of these different processes.

Caroline Counsel is an Accredited Family Law Specialist and Co-Facilitator of Collaborative Professionals Victoria Practice Group.
Dispute resolution choices
A comparison of family dispute resolution, family law conferencing services and collaborative law

Catherine Caruana

Separating couples who require assistance with disputes over property or arrangements for their children now have a range of different dispute resolution services to choose from. To contrast the work of family dispute resolution services with collaborative law and family law conferencing, we sought the views of family dispute resolution practitioners from Chadstone Family Relationship Centre, Legal Aid Queensland lawyers involved in family law conferencing, and collaborative law practitioner, Caroline Counsel, as to how collaborative law practice differs from what FRCs and legal aid can provide.

Clients wanting to commence litigation related to children in the family courts, subject to some exceptions, must first make a genuine effort to resolve the dispute by family dispute resolution (FDR). Accredited FDR practitioners, including those employed at Family Relationship Centres (FRCs), and those providing lawyer-assisted dispute resolution at legal aid offices, are authorised to issue certificates indicating whether FDR is appropriate in a given case, or whether a genuine effort has been made to resolve the matter. However, there are some fundamental differences between:

- traditional mediation, or FDR as provided by the network of FRCs, community organisations and private mediators;
- dispute resolution services provided by state legal aid commissions following a grant of aid; and
- collaborative law processes provided by private lawyers.

The role of lawyers

The most obvious difference is the role of lawyers. The more traditional dispute resolution processes involve a neutral third party (the FDR practitioner) who facilitates discussion between the parties but does not give legal advice. Where appropriate, FRC staff may encourage parties to seek legal advice before engaging in the process, and in between FDR appointments. Following a change in policy, FRCs can also allow lawyers to attend FDR sessions with their clients in appropriate cases; however, this does not translate to an automatic right to legal representation.

Collaborative law practice and family law conferencing provided by a legal aid commission are characterised as lawyer-assisted dispute resolution: lawyers are always involved in the process, whether as advisers to the parties to the dispute, in a discussion facilitated by a neutral Conference Chair (legal aid conferencing), or working together as a team with their clients to help them reach a resolution (collaborative law). At Legal Aid Queensland, each party has an opportunity to meet with their lawyer in private throughout the process; however, it is the Conference Chair who directs the discussions. Unlike lawyers representing parties involved in FDR at FRCs or legal aid conferencing, collaborative lawyers actively participate in the negotiations between the disputing parties as “settlement counsel” and, in a role more akin to that of FDR practitioners and legal aid conference chairs, assist them to identify issues in dispute, consider various options and reach agreement. Separating couples involved in a collaborative process can also obtain legal advice, either privately or, where all agree, in the presence of the parties.
**Cost**

Another difference is cost. Fees for mediation can vary, depending on the service provider. At FRCs, the first three hours of mediation are free, and then a sliding scale of fees applies, which is dependent on the income of the clients.\(^1\) Exemption from fees for mediation exists at FRCs in a number of situations; for example, if the client is a holder of a health care or pensioner concession card or in cases of financial hardship.\(^2\) Similarly, there is no cost for the lawyer-assisted conferencing provided by legal aid, but clients must first qualify for a grant of aid, satisfying the relevant means and merit tests set by the relevant state/territory legal aid body.

When using private lawyers for assistance in negotiating a settlement through collaborative processes, clients are billed at an hourly rate and meetings are limited to two hours. It generally takes four to six meetings to reach a resolution, and as such, the process has the potential to be considerably less expensive than litigating. The clients, not the lawyers, control the costs in the collaborative process, as they decide how many meetings they want and what will be discussed at those meetings. However, for families with many issues to resolve it can become as expensive as litigation.

**What issues can be discussed?**

Another point to consider is the types of issues that may be covered in each process. Mediators are generally able to help parties negotiate any matters arising from the separation, including arrangements for the care of children, property settlement and financial support. FRCs, however, provide FDR primarily to help resolve issues relating to the care of the children, but will also mediate property matters in combination with children’s issues.

Family law conferencing at Legal Aid Queensland is available for parenting issues, spousal maintenance and property settlement where the dispute relates to the matrimonial home, or to deferred benefit funds, such as superannuation. However, the Property Arbitration Program (Qld) can deal with all property matters. To use this service, at least one party must qualify for a grant of aid. The party who is not eligible for aid will be charged a fee for the service.

Collaborative law practices can be used to resolve any issues in dispute.

**Dispute resolution choices in a nutshell**\(^3\)

**FDR (or mediation) provided at FRCs**

- FDR at an FRC is conducted by a trained practitioner, who may have a legal or social science background and who operates as an impartial, neutral third party, but does not provide legal advice. Practitioners also need to meet specific accreditation requirements in order to issue 60I certificates, if the matter needs to progress through the courts.
- Lawyers can be present during FDR sessions where required.
- FDR is child-focused, aiming always to promote the best interests of the children.
- FDR has the potential to involve the children in the process, via child-inclusive processes.
- It involves careful assessment for suitability, screening for issues such as domestic violence and child abuse, and preparation of clients. FDR practitioners may refuse mediation where they believe there is a concern about the safety of the clients or the mediators, or where there is a power imbalance that cannot be adequately addressed within the process.
- It is a requirement that the client be able to negotiate on his or her own behalf. However, there are mechanisms to support clients in their negotiations, including having a support person or a lawyer present, or conducting the mediation on a shuttle basis where the parties are located in separate rooms and the mediators move between the rooms.
- In some cases, the parties are required to sign an agreement with the FRC prior to commencing the
mediation which, among other things, ensures the client cannot sue the FRC unless they act fraudulently or negligently.

- FDR may include access to the services of FRC staff known as Family Advisors, who help separating couples prepare for the mediation by providing coaching support and referral to other services, which may be required from time to time.

- Chadstone FRC can offer a unique service combining co-mediation and therapy (“Co-met”), a process where both mediator and counsellor are present, and the joint session between the parties moves between strategies of the two modes, as the need arises. It is particularly useful where mediation has “stalled” due to an emotional obstacle (that may have its origins in the parties’ prior relationship or even from the parties’ family of origin), and cannot move until that obstacle receives some therapeutic attention.

Legal aid family law conferencing (Qld)4

- Conferences are conducted by a Conference Chair who is an accredited FDR practitioner. The chair’s role is to facilitate the discussion. S/he does not provide legal advice to the parties, nor make decisions for anyone. However, the chair reports to Legal Aid Queensland about the outcome of the conference and makes recommendations that may involve further aid for more conferencing, or the drafting of consent orders. Sessions are 4 hours in duration.

- There is a great degree of flexibility as to what form the conference takes. While there is a preference for face-to-face meetings, conferences are commonly conducted over the phone, whether between the parties with their lawyers present, just between their lawyers, or by shuttle, particularly where there is a high degree of violence. Where both parties attend, the conference can be conducted by shuttle—perhaps bringing the parties together at some stage—or can involve only the lawyers negotiating on their clients’ behalf.

- Conferences are modelled on a child-focused, but not child-inclusive model. Children do not attend conferences.5

- An intake process, involving the completion of assessment sheets, is conducted with both the client and their lawyer to screen for violence and other issues that may affect the parties’ ability to negotiate.

- Other professionals, such as an independent children’s lawyers, may participate in the conference. There is also a follow-up support service available at Legal Aid Queensland, where clients may be referred to a social worker for assistance in implementing the agreement (Conference Resolution Support Intervention).

- While clients are encouraged to speak for themselves if they so wish, there is always the option of lawyers negotiating on their clients’ behalf.

- There are no costs involved for parties granted legal aid; however, parties using the process to settle property matters may be asked to make a contribution. The grant of aid will often include the filing of consent orders in the family courts.

Collaborative law6

- There is no facilitator or convenor in the collaborative process—rather it is a team approach, where lawyers trained in the collaborative process coach their clients through the process, assisting them to have a better conversation with their former partner to achieve settlement.

- If the process does not resolve the issues in dispute, collaborative lawyers cannot provide the certificates required (under s60I of the Family Law Act) for clients to institute legal proceedings; however, should they require such a certificate, clients would be referred to FDR practitioners who can.7

- Lawyers avoid giving legal advice at the commencement of the collaborative process in order to dissuade clients from being positional. Rather, lawyers give legal advice during the process as required, either in the meeting or privately.

- The lawyers and the parties to the dispute enter into a written agreement at the beginning of the process setting out the ground rules for the collaborative process and stipulating that if either party commences court proceedings, neither of the collaborative lawyers will be able to represent their clients in subsequent litigation.

- The collaborative process is a child-focused process insofar as the team may agree to engage a collaboratively trained child psychologist or counsellor to assist the family. It may become a child-inclusive process at the behest of that professional. Other professionals, such as financial planners, assist the team as required on a case-by-case basis.

- In cases involving a history of domestic violence, collaborative lawyers carefully consider suitability of the process, and other professionals such as counsellors may be asked to attend the meetings or be consulted separately.

- Negotiations are conducted on a confidential and without-prejudice basis.
Dispute resolution choices at a glance

<table>
<thead>
<tr>
<th>Issues addressed by the service</th>
<th>FDR at FRCs</th>
<th>Family law conferencing (at Legal Aid Queensland)</th>
<th>Collaborative law</th>
</tr>
</thead>
<tbody>
<tr>
<td>All matters arising from the separation, but primarily parenting issues and property settlement in conjunction with parenting issues</td>
<td>Parenting issues, spousal maintenance and property settlement relating to the matrimonial home and superannuation</td>
<td>Any issue in dispute</td>
<td></td>
</tr>
<tr>
<td>Role of lawyer</td>
<td>Advisor to client prior to and in between FDR sessions. Lawyers may be present during negotiations where required</td>
<td>Attend conference with, (or instead of) their clients as advisors or representatives</td>
<td>Lawyers for each party attend collaborative meetings, working as a team with the clients</td>
</tr>
<tr>
<td>Child-focused</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Scope for children to participate in the process (child-inclusive)</td>
<td>Yes, where assessed as appropriate</td>
<td>No, however some legal aid commissions are considering implementing child-inclusive practice</td>
<td>Children may be involved in the process where recommended by a child psychologist or counsellor assisting the parties</td>
</tr>
<tr>
<td>Cost</td>
<td>First 3 hours free. Sliding scale of fees apply thereafter</td>
<td>Free, but must qualify for a grant of aid. Parties may be required to make a financial contribution in matters involving property settlement</td>
<td>Each party is responsible for their lawyers' hourly fees, and share any additional costs as agreed</td>
</tr>
<tr>
<td>Where no agreement is reached</td>
<td>Accredited FDR practitioners can issue the certificate required for the parties to initiate court action (s60I)</td>
<td>The Conference Chair can issue the certificate required for the parties to initiate court action</td>
<td>Collaborative lawyers cannot issue the required certificate. Their clients will need to obtain one from a registered FDR practitioner, and find a new lawyer if the matter is taken to court</td>
</tr>
<tr>
<td>Where agreement is reached</td>
<td>If the parties require the agreement to be made legally binding, there may be additional legal costs</td>
<td>Often, the drafting of consent orders is included in the grant of aid</td>
<td>The parties agree which of the lawyers is to draft the agreement and how the cost is to be shared</td>
</tr>
<tr>
<td>Other</td>
<td>Other FDR models, such as “Co-met” may be used</td>
<td>Follow-up service for assistance in implementing the agreement provided</td>
<td>Lawyers cannot act for the clients in any subsequent court proceedings if they are unable to reach agreement</td>
</tr>
</tbody>
</table>

While a collaborative lawyer has a duty to promote the best interests of their client, they each have an overarching obligation to ensure that whatever option is agreed upon meets the needs of the family as a whole and is an option within the range of possible outcomes that could have been decided by the court.

Each party involved in collaborative practice will be responsible for their lawyer’s hourly fee, unless other arrangements are made. They can decide, for example, whether the process is to be paid by the party earning the greater income or is to be drawn from their assets.

Once settled, the parties then decide which lawyer is to draft either the Consent Orders or the Binding Financial Agreement (or the Parenting Plan and/or Child Support Agreement in children’s matters). The parties choose how this is to be funded.

Endnotes

1 In May 2010, FRC managers were advised by the Federal Attorney-General of proposed changes to these fee arrangements. It is proposed that from 1 July 2011, only the first hour of dispute resolution services will be provided at no cost, with a standard means test applied to the second and third hour, and individual agencies to determine fees for additional hours after that.

2 For more information on the fees policy at FRCs, see the Family Relationship Services Guidelines <http://tinyurl.com/yjfj9yj>.

3 The processes described are specific to the agencies featured and approaches may vary in different services and legal aid commissions.

4 For information about legal aid conferencing in a particular state, contact the relevant legal aid body.

5 However, Roundtable Dispute Management, the conferencing service attached to Victoria Legal Aid, has introduced a pilot child-inclusive service, and a similar pilot is proposed for Western Australia.

6 It is important to note that collaborative law has been applied in various Australian and overseas jurisdictions with varying levels of success. In the ACT, for example, it was trialled but considered by ACT practitioners to be unsustainable for a range of reasons (personal communication, Julie Dobinson, 12 November 2009).

7 The Family Law Council, in its 2007 report, recommended that the Family Law Act 1975 should be amended to allow for participation in a collaborative process, to be taken into account by FDR practitioners when deciding whether to grant a certificate excluding clients from the requirement to attend FDR, prior to initiating litigation (Family Law Council, 2007).

Reference


Catherine Caruana is a Senior Research Officer with the Australian Family Relationships Clearinghouse. This article first appeared in Family Relationships Quarterly No. 15 (2010).
National Framework for Protecting Australia’s Children


The framework sets out high-level objectives and targets, along with supporting outcomes and a series of actions that sit under the supporting outcomes. The high-level objective of the framework is that “Australia’s children and young people are safe and well”, and the national target is “a substantial and sustained reduction in child abuse and neglect”. The six supporting outcomes, which reflect the strategic intent and critical issues being addressed by the framework are:

- children live in safe and supportive families and communities;
- children and families access adequate support to promote safety and intervene early;
- risk factors for child abuse and neglect are addressed;
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing;
- Indigenous children are supported and safe in their families and communities; and
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

Three-year implementation plans outline the priority action areas, governance and performance monitoring structure for the framework.

The national target and the six supporting outcomes clearly reflect that the national framework is intended as a coordinated and strategic approach to addressing the key challenges in child protection. One of the primary drivers underpinning the framework is a strong focus on prevention (e.g., preventing abuse and neglect, preventing entry into care) and on a coordinated and integrated service system.


Reducing violence against women and their children

In March 2009, Time for Action: The National Council’s Plan for Australia to Reduce Violence against Women and their Children, 2009–2021, was released. In collaboration with Commonwealth, state and territory governments, the plan expresses a strong commitment toward the achievement in the reduction of sexual and physical violence against women and their children.

The plan sets out three levels of achievement, namely, a vision, a guiding principle and six outcomes that include both immediate and ongoing actions.

The vision of the plan for Australia is that “women and their children live free from violence, within respectful relationships and in safe communities”. The guiding principle states that “no woman should be a victim of sexual assault or domestic and family violence, and that no woman should fear for her safety at home, at work or in her community”. In response to the complexity of issues being addressed, the six outcomes are that:

- communities are safe and free from violence;
- relationships are respectful;
- services meet the needs of women and their children;
- responses are just;
- perpetrators stop their violence; and
- systems work together effectively.

The framework identifies an initial 20 actions requiring urgent implementation and a further 21 actions in the initial three-year implementation plan.

The framework seeks to address the issue of sexual and physical violence against women and their children by utilising a primary prevention strategy that aims to change the attitudes and behaviours of perpetrators of violence. The vision, guiding principle and six outcomes indicate the commitment to integrated and coordinated strategies in confronting critical issues in the protection of women and their children from violence.

Return on investment: Where is the community sector making the biggest change?

Clare Martin, Chief Executive Officer, Australian Council of Social Service

Seminar held at the Institute on 23 February 2010

Seminar report by Jacqui Harvey

A goal of the community services sector is to provide assistance to low-income earners and disadvantaged Australians facing a diversity of problems, including homelessness and unemployment. With funding from government or private sources, this sector provides community services across national and state/territory levels, encompassing metropolitan, regional and rural and remote areas. In the first of the 2010 AIFS seminar series, Clare Martin, Chief Executive Officer from the Australian Council of Social Service (ACOSS) presented a discussion about users of the community services sector. She also described the types of challenges this sector faces and shared examples of several innovative programs currently in place in Queensland, South Australia and Hobart.

Ms Martin noted that meeting the demands of users places the community services sector under constant pressure. Figures indicate 1 in 10 people are being turned away. While this figure is “not good enough”, it did not get significantly worse with the global financial crisis, indicating the sector was resilient during this period.

The demands of working within the community services sector also causes difficulties in attracting and retaining staff. Salary, career path, location, working hours, working conditions and training and development all influence the choices made about entering and leaving the sector.

While acknowledging that there is room for improvement in this area, Ms Martin also pointed out that many innovative and efficient programs are already in place. The Boystown program in Logan, Queensland, for example, offers fencing work to disadvantaged youth across public housing properties in Logan, through which participants learn how to go to work and work as a team member.

Other examples cited by Ms Martin included the Magdalene Centre in Adelaide, South Australia, and the Community Men’s Shed in Willoughby, New South Wales.

The Magdalene Centre program provides a catering service to local organisations whereby participants learn how to shop, follow a budget while shopping, and how to cook. The Community Men’s Shed provides men with the opportunity to talk with other men about areas of their life with which they are struggling to cope or that they are finding challenging.

Ms Martin concluded that with innovative programs such as these leading the way, together with a stronger, more focused voice from the community services sector advocating to government, it would seem that the returns on investment for all—that is, government, communities and individuals—would be palpable.

Early childhood experiences and school achievement: Do trajectories start earlier than we think?

Linda J. Harrison, Associate Professor of Early Childhood Education, Charles Sturt University

Seminar held at the Institute on 20 April 2010

Seminar report by Elaine Kong

This seminar was presented by Linda Harrison, Associate Professor of Early Childhood Education at Charles Sturt University and the Children and Families Research Centre at Macquarie University. She discussed the importance of children’s early education and care experiences and their relationship to school achievement in later years.

Associate Professor Harrison presented examples of recent early childhood education reforms aimed at improving access to quality early childhood education and child care. These include the National Quality Standard, the Early Years Learning Framework for Australia, and the proposal to provide universal access to a play-based education program by 2013.

Early childhood education reforms are based on international evidence and have led to a focus on the relationship between quality early childhood programs and educational outcomes. Associate Professor Harrison presented evidence-based research from the US and UK
showing that early childhood programs that are of high quality (in terms of qualifications of staff, ratios of staff to children, staff stability and relationships between staff and children), are linked to positive developmental outcomes for children and support school achievement. Associate Professor Harrison then related this research to the Australian context and explored the factors that contribute to children’s learning abilities and how early childhood education and care contributes to better outcomes. She drew on research based on *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)* and the Child Care Choices (CCC) study. Analysis of the LSAC data showed early literacy and numeracy abilities support children’s achievement at 5–6 years of age and throughout primary school. Results from the CCC study showed that children’s earlier cognitive abilities and social skills were significant predictors of literacy and numeracy abilities in the year before school and in the first year of school. Both studies showed that the number of hours attended in a program positively influences children’s learning outcomes, whereas the type of preschool program attended makes no difference to learning outcomes.

Associate Professor Harrison suggested that further research is needed to extend international findings about the importance of child care quality for children’s outcomes to the Australian child care context. In particular, research is needed to untangle the specific aspects of “quality” that are important for early literacy and numeracy abilities.

In his several decades immersed in family sociology, Professor Furstenburg has witnessed sweeping changes in the form and function of Western families. Marriage and family trends observed during the latter half of the 20th century took place in a period in which the family changed more dramatically than at any other time in history. He is now working towards a theory to describe changes in how family is “done” in the first part of the 21st century. In Professor Furstenburg’s view, changes in family formation emerge from “private frustrations that are translated in a public way”. That is, when contemporary marriage and family forms become unattractive, adaptations arise—hence the trend towards, for example, cohabitation and later marriage. In his informative, thoughtful and entertaining seminar, Professor Furstenburg gave an overview of the key issues and trends that have characterised family formation in the past 50 years and outlined the key tensions he sees as affecting future family formation.

Professor Furstenburg’s own early research and other demographic data show that the traditional, nostalgic view of marriage and the nuclear family has never existed—the realities were “air brushed and edited out of the picture”. He offered a perspective on the intertwining of factors—such as the weakening of gender-based division of labour, the decline in well-paying jobs, the trend to longer periods in education, and the separation of sex from marriage leading to the rise of cohabitation—that sees the changes in family formation in a more positive, adaptive light. Along with the re-framing of notions of love and partner suitability, marriage now appears to be “not a pledge of commitment but a celebration of it”.

In looking to the future, Professor Furstenburg identified some emerging tensions that are currently affecting American families. These include the ongoing transformation in gender equality, which leads to questions about “cultural stretch” in areas such as domestic roles, especially among families with limited means; teen pregnancy and the way in which society attempts to “manage” it; the potential impact on family formation trends brought about by greater access to higher education; and whether there will be a shift towards greater parental supervision of children, perhaps facilitated by advances in technology, or a move towards less highly supervised and more autonomous children.

After concluding that, as a responsive institution, the family 50 years from now is unlikely to look like it does today, Professor Furstenburg enthusiastically engaged in a lively question and answer session.
Carole Jean

The following selection of books on family-related topics are recent additions to the Institute’s Library. They are available through libraries, through the Institute’s Library via the interlibrary loan system, or for purchase from good book shops. Prices are given as and when supplied.

A parent’s guide to learning difficulties

Aimed at parents, this book examines learning difficulties in children and what strategies can help. The first chapters discuss the external causes of learning difficulties, such as teaching styles and curriculum, as well as characteristics of children that can lead to difficulties; for example, attitude, attention deficit hyperactivity disorder, intellectual disability, autism, physical disabilities, and hearing or vision impairments. The last chapters concern general principles for effective teaching and specific advice for reading, writing, spelling and mathematics. The book also includes links to online resources and recommendations for further reading.

Improving children’s services networks: Lessons from family centres

This book begins by giving a brief history of the establishment of family centres in the UK and the legislation and philosophy behind them. It then moves onto the current agenda for the centres. Topics covered within the rest of the volume include: how centres build links and collaborate with other services and agencies; how centres deliver their services; the importance of centre managers and staff; and parental participation in centre activities. This book would make valuable reading for social care practitioners, students and policy-makers.

Family forest

Modern Australian families come in a variety of forms. This children’s picture book explains in simple yet engaging language the different types of families to which children can belong. The text is accompanied by quirky illustrations that bring life (and humour) to the concepts being discussed. The complexity of the family described in the book is reflected in the title, the child “narrator” of the book says that while some kids have a “family tree”, she has a “family forest”. This book would be excellent for public and primary school libraries and for professionals who work with children and families.

Adoptions Australia 2008–09

This annual publication of the Australian Institute of Health and Welfare gives comprehensive information on adoptions in Australia. Of the 441 children adopted in 2008–09, 61% were intercountry adoptions, with the majority of children coming from China, South Korea, the Philippines and Ethiopia. Information is also given on the age of the child, characteristics of adoptive families and birth mothers, adoption of Indigenous children and access to information. A summary is also given of the legislative basis for adoptions in each Australian jurisdiction.
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The Institute is a statutory authority that originated in the Australian Family Law Act 1975. It was established by the Australian Government in February 1980.

The Institute promotes the identification and understanding of factors affecting marital and family stability in Australia by:

- researching and evaluating the social, legal and economic wellbeing of all Australian families;
- informing government and the policy-making process about Institute findings;
- communicating the results of Institute and other family research to organisations concerned with family wellbeing and to the wider general community; and
- promoting improved support for families, including measures that prevent family disruption and enhance marital and family stability.

The objectives of the Institute are essentially practical ones, concerned primarily with learning about real situations through research on Australian families.