

Child mental health after parental separation: the impact of resident/non-resident parenting,
parent mental health, conflict and socioeconomics.

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Abstract

Children of separated parents are consistently shown to have greater likelihood of poor mental health than children of intact families. Explanations to date have focussed on the impacts of parental conflict, and the role of resident mothers, neglecting the potential importance of non-resident fathers. Using recent data from the *Longitudinal Study of Australian Children*, this study 1) compares the mental health of children from intact families with resident fathers to those from separated families with non-resident fathers and 2) explores predictors of poor mental health among children from separated families. Children from separated families had poorer mental health than those from intact families, but this difference was explained fully by exposure to parental conflict, socioeconomic status and parent mental health, and to a lesser extent by parenting practices. Among children from separated families, the strongest predictor of child mental health was maternal parenting consistency. Policy implications are discussed.

Key words: child mental health, divorce, fathers, parental conflict, non-resident parent, parenting

Introduction

Compared to those from intact families, children of separated parents show poorer outcomes in multiple domains (Amato, 2001; Amato & Keith, 1991). However parental separation per se is unlikely to be a direct cause of these outcomes, with a well replicated body of empirical literature now showing that poor outcomes exist before parents separate (Amato & Booth, 1996; Sun, 2001), do not reduce after parental remarriage (Amato, 2005; Furstenberg, 1988), and arise regardless of whether separation occurred during or after childhood (Rodgers, Power, & Hope, 1997). Researchers have therefore investigated other possible explanations, such as reduced economic resources of lone mothers, poor post-separation parenting, poor mental health of lone mothers, and exposure to family conflict (Amato, 2005; Lamb, 1999). Research in this area has primarily investigated mothers as the main drivers of child wellbeing after separation, with research about non-resident fathers focussing largely on custody and child support arrangements (King & Sobolewski, 2006). This leaves a knowledge gap regarding other potentially important areas, such as the socioeconomic circumstances, mental health and parenting behaviours of non-resident fathers. The current study seeks to address this gap by examining a broad range of factors that may influence the mental health of children from separated families where fathers are non-resident. As a large number of Australian children have a non-resident parent (just over 1 million, or 22% in 2006-07) (Australian Bureau of Statistics, 2008) the findings may have substantial policy implications.

Possible explanations for poor mental health following parental separation

This section explores possible explanations for the poorer mental health of children following parental separation, with a particular focus on the characteristics and behaviours of non-resident fathers. These explanations posit that children's mental health difficulties are due to socioeconomic disadvantage, exposure to poor parenting, poor parent mental health, and exposure to parental conflict.

Socioeconomic disadvantage is a likely explanation for poor child mental health after parental separation because it is both associated with poor mental health, and is more common after separation. Children whose parents are on low incomes, have low levels of education or are employed in low status occupations are at increased risk for socio-emotional difficulties from birth through to adulthood (Bradley & Corwyn, 2002; Kiernan & Mensah, 2009; McLoyd, 1998; Mensah & Kiernan, 2009; Nicholson, Lucas, Berthelsen, & Wake, 2010; Strohschein, 2005). Poverty in single-mother households is well documented (Linacre, 2007), and is possibly due to the legal costs of separation, the need to setup and maintain a second household, and reliance on a single income. The socioeconomic resources of non-resident fathers may also be important for children, with some research suggesting that paternal education levels drive father involvement and frequency of father-child contact (Seltzer, Schaeffer, & Charng, 1989; Stephens, 1996), both of which may impact child mental health. Prior research has found that socioeconomic factors account for some, but not all, of the increased risks among children of separated parents (Amato, 2005).

Parenting may also explain poor child mental health following parental separation. Poor parenting practices are well known to predict child socio-emotional difficulties (Jones & Prinz, 2005; O'Connor, 2002; Rothbaum & Weisz, 1994) and may be more common after

parental separation. Some research suggests that parents find it at least temporarily more difficult to monitor and supervise children effectively, to discipline consistently, and to provide warmth and affection after separation (Forehand, Thomas, Wierson, & Brody, 1990; Hetherington, Bridges, & Insabella, 1998; Lansford, 2009), perhaps due to increased emotional vulnerability and the stress of household transitions. Primary resident mothers may also find it more difficult to manage household activities without the substantial input of a second adult, and non-resident fathers may interact differently with their children when time together is reduced. Studies suggest that non-resident fathers engage mostly in 'special occasion' activities (such as playing sports or watching movies) with their children (Hawkins, Amato, & King, 2007; Lamb, 1999), potentially limiting their opportunity to engage in positive parenting behaviours such as setting limits and enforcing rules. Several studies have shown that having a non-resident father who engages in negative parenting practices puts children at higher risk for social and emotional difficulties (Amato & Gilbreth, 1999). Conversely, having a good quality relationship with a non-resident father is protective for child adjustment (Booth, Scott, & King, 2010; Manning & Lamb, 2003; Menning, 2006; Menning & Stewart, 2008; Stewart, 2003; White & Gilbreth, 2001)

A third explanation concerns parents' mental health after separation. Children whose parents are depressed, or who experience other mental health difficulties, are at higher risk for a range of socio-emotional problems than those whose parents do not have mental health difficulties (Flouri, 2010; S. H. Goodman, Rouse, & Connell, 2011). These effects tend to be small or moderate in size for both mothers and fathers, and may be slightly weaker for fathers (Connell & Goodman, 2002). Separated parents are also at particular risk for mental health problems. In Australia, primary-resident mothers who do not live with a partner experience

higher rates of suicidal thoughts, self-harm and depression than other women (Loxton, Mooney, & Young, 2006), with similar patterns reported internationally (e.g. Hope, Power & Rodgers, 1999). Men too are at increased risk following separation, with divorced men and primary-resident fathers who do not live with a partner being four to six times as likely to experience a mental disorder as other men (Cooper et al., 2008; Rotermann, 2007). In general, these increased risks are attenuated, but not eliminated, by adjustment for socioeconomic factors (Hope, Power, & Rodgers, 1999; Loxton, et al., 2006).

Exposure to parental conflict may also explain poor child mental health after parental separation. There is consistent evidence that exposure to high levels of parental conflict has negative and long-lasting effects on child development (Lansford, 2009), with reviews (Amato, 1993) indicating that parental conflict is more consistently related to child post-separation adjustment than any other factor, including separation itself. Australian studies support this view (Baxter, Weston, & Qu, 2011; Goyne, 2001). In their recent study (Baxter, et al., 2011), Baxter et al. examined links between the emotional wellbeing of 6-7 year old Australian children and the quality of the co-parental relationship. They found that, regardless of whether parents were together or separated, children whose parents had a hostile relationship had poorer emotional wellbeing than those whose parents did not have a hostile relationship.

Despite extensive research, studies have found little or no association between the frequency of father-child contact and child wellbeing (Amato & Gilbreth, 1999; Cashmore et al., 2010; King, 1994). This is perhaps unsurprising given that contact may be either a positive, negative or neutral experience for children - depending on the quality of care given in that time, the type of role model children are exposed to, and the degree of conflict

exhibited by parents (Jaffe, Moffit, Caspi, & Taylor, 2003; Lamb, 1999). For this reason, we adjust for father-child contact in this study, but do not focus on it as a key variable. We also adjust for child gender and child age in months.

What this study adds

The current study examines the mental health of 8-9 year old Australian children participating in the Longitudinal Study of Australian Children (LSAC), with resident and non-resident fathers. LSAC is a valuable resource for investigating relationships between non-resident fathers and their children. Past studies have mostly used small and/or convenience samples such as families attending legal or relationship services (Hawthorn & Lennings, 2008), relied on mothers' reports of father involvement (King & Heard, 1999), used a single reporter for both parent characteristics and child outcomes (Manning & Lamb, 2003), or failed to control for possible confounding effects of mothers' characteristics (King, 1994). The current study overcomes these limitations by using self-report information about both mothers' and fathers' characteristics and behaviours, independent teacher-reports of child mental health and a large, nationally representative sample. It extends the previous research of Baxter and colleagues (Baxter, et al., 2011), undertaken when the LSAC children were 6-7 years, by examining a range of factors that potentially influence children's mental health in addition to parental conflict.

Aims

The current study compares the mental health of 8-9 year old Australian children from intact families where fathers are resident to those from separated families where fathers are

non-resident. It investigates whether any differences in child mental health can be explained by differences in socioeconomic, parenting, parent mental health, or parental conflict factors. Finally, it examines which factors most strongly predict mental health difficulties within the subsample of children from separated families where fathers are non-resident.

Method

Study design and sample

Data were from Wave 3 of the ‘kindergarten’ cohort in the *Longitudinal Study of Australian Children* (LSAC). The kindergarten cohort is a broadly based, nationally representative sample of 4,983 Australian children, aged 4-5 years at recruitment in 2004, and subsequently followed up every two years. At Wave 3, data were available for 4,311 8-9 year old children (87% retention to Wave 3) (Sipthorp & Misson, 2009; Soloff, Lawrence, Misson, & Johnstone, 2006). Study design and sample information are detailed elsewhere (Sipthorp & Misson, 2009; Soloff, Lawrence, & Johnstone, 2005).

All children in the current analyses resided with their biological mother as their primary carer. For the comparative analyses, children were included in the *intact families with a resident father* group if their biological father was in a relationship with their biological mother and was currently living with them ($n = 2769$). They were included in the *separated families with a non-resident father* group if they had a biological father (not in a relationship with the child’s mother), who lived elsewhere, had face-to-face contact (of any duration) with their child at least once a year, had overnight care of their children once a week or less, and had completed a computer-assisted telephone interview ($n = 268$). Children whose parents

were separated but who had more than weekly overnight stays with their biological father were excluded from the study (n = 51) to avoid confounding of results by those who receive substantial overnight care from both parents.

Measures

Child mental health was assessed using teacher ratings on the Strengths and Difficulties Questionnaire (SDQ) (R. Goodman, 1997), a 25-item scale assessing hyperactivity, emotional symptoms, peer problems, conduct problems and prosocial behaviour. Total problem scores (range 0-40) were dichotomised according to Australian norms to distinguish children in the normal range from those in the borderline/abnormal range (>12 for girls, >13 for boys) (Mellor, 2005).

Indicators of socioeconomic status were *household equivalised income* of the child's main residence (includes income from child support payments and government benefits); *mothers' and fathers' education* (year 12/less than year 12) and; *mothers' and fathers' employment status* (part-time/full-time/unemployed or not in the labour force).

Five dimensions of mothers' and fathers' parenting were assessed by self-report. *Parental warmth* (6 items) assessed the frequency with which parents expressed affection for their child. *Angry parenting* (single item) assessed how often punishment was dependent on parent mood. *Parenting self-efficacy* (single item) assessed whether parents thought they were good at being a parent. *Consistent parenting* (5 items) tapped how often parents followed through on rules and punishments. *Inductive reasoning* (5 items) assessed how often parents explained rules or reasoned with their children when these were broken. Responses were given on a five-point Likert scales, with items scores averaged for the multi-item scales. As

most parenting scores were highly skewed, and following conventions used elsewhere (Baxter, et al., 2011; Lucas, Nicholson, & Maguire, 2011), averaged scores were dichotomised such that parents in the least optimal 20% for each measure were classified as having ‘poor’ parenting practices relative to other parents.

Parent mental health was assessed using the Kessler-6 scale of psychological distress (Kessler et al., 2003). Mothers and fathers responded to six questions about how often they experienced symptoms of psychological distress during the past four weeks, on a five-point Likert scale. Item responses were summed to give a total score of between 0-24 and dichotomised such that a threshold of ≥ 8 identified parents with significant psychological distress.

Mothers and fathers reported how often they needed, but could not access, *social support* on a four-point Likert scale. Scores were dichotomised to distinguish those receiving adequate (‘never’) versus inadequate (‘often/sometimes/very often’) support.

Mothers responded to three items about *conflict* with the child’s biological father, assessing the frequency of disagreements about basic childrearing issues, awkward/stressful conversations, and anger or hostility. Responses on five-point Likert scales were dichotomised to distinguish frequent (‘often’ or ‘always’) from infrequent (‘never’, ‘rarely’ or ‘sometimes’) conflict for each item separately.

Fathers indicated the *frequency of father-child contact* in nine categories ranging from ‘everyday’ to ‘not at all’. Responses were collapsed to ‘at least weekly’, ‘fortnightly’, and ‘monthly or less’ contact. Contact was face-to-face time spent together of any duration. Children from intact families were coded as having the most frequent form of contact (‘at least weekly’).

Statistical methods

A series of logistic regression models showed the unadjusted odds of child mental health outcomes by fathers' residence (Model 1), followed by the relative contribution of each group of variables (socioeconomic, parenting, parent mental health and parental conflict) to child mental health in turn (Models 2-5), and in combination (Model 6). Odds ratios and 95% confidence intervals are presented. To enable comparison of the contributions of each group of variables to child mental health, these analyses were conducted for children with complete data on all variables only. A missing data analysis showed that included children were similar to those excluded in terms of gender, age, Indigenous status, fathers' employment status and household income, but that included children were more likely to have parents who had completed year 12 schooling (58% vs 42%, $p < .001$ for mothers; 59% vs 41%, $p < .001$ for fathers) and to have a mother who was employed full-time (53% vs 47%, $p = .01$). The results may therefore be biased toward advantaged families.

Logistic regression was also used to identify influences on the mental health of children in the subgroup of those with a non-resident father. For this analysis, the socioeconomic, parenting, parent mental health and parental conflict variables were entered simultaneously to enable the relative contribution of each individual variable on child mental health to be assessed. Odds ratios and 95% confidence intervals are presented.

A sensitivity analysis revealed no significant interaction between child gender and fathers' residence when trying to explain differences in the mental health of children with resident versus non-resident fathers ($p = .570$), suggesting no gender effect. Repeating the analysis with additional adjustment for mother and father re-partnering (defined as cohabiting

with a partner who is not the child's other biological parent) also revealed no substantial change in the pattern of results.

All analyses were weighted for non-response; they account for unequal probability of selection into the LSAC sample, and attrition bias to Wave 3. First-order Taylor linearization was used to obtain estimates of standard error, taking into account the multi-stage, clustered sampling design. Analyses were conducted using Stata SE 12.

Results

Characteristics of children with resident and non-resident fathers

Characteristics of the intact and separated family groups are shown in Table 1. Children with resident and non-resident fathers were similar in age and gender distribution. Among children from separated families who had less than weekly overnight stays with their father, half (55%) saw their father monthly or less, 23% saw them fortnightly and 21% saw them weekly or more often.

Children from separated families were disadvantaged relative to those from intact families on all socioeconomic measures. They were more likely to live in a household with income less than \$500 per week, and less likely to have a mother and father who had completed year 12 and was unemployed.

Mothers of children from separated families were more likely to report poor maternal consistency than were mothers of children from intact families, but other maternal parenting

measures did not differ between the groups. Non-resident fathers (from separated families) were more likely to report higher paternal warmth and inductive reasoning than resident fathers (from intact families). Non-resident fathers were, however, more likely to report angry fathering than resident fathers.

Psychological distress of both mothers and fathers was higher among separated families, and mothers in this group were also more likely to report low levels of social support. Parental conflict was much higher among separated families than among intact families. Across the three items, frequent conflict was reported by 2-8% of mothers in intact families, and by 17-30% of mothers in separated families.

INSERT TABLE 2 HERE

Multivariate associations

Comparing the mental health of children from intact and separated families

We used a series of logistic regression models to identify whether children from separated families where fathers were non-resident had poorer mental health than those from intact families where fathers were resident, and whether these differences were explained by socioeconomic factors, parenting, parent mental health or parental conflict. Table 2 displays a summary of these models (bivariate associations between each predictor variable and child mental health are presented in Appendix A; full multivariate models are presented in Appendix B). Model 1 shows that children from separated families had more than twice the odds of having a mental health problem than those from intact families (unadjusted OR = 2.36, 95% CI = 1.57, 3.53).

Models 2-5 examine the additional impact on child mental health problems of socioeconomic factors, parenting, parent mental health and parental conflict in turn, after adjusting for the confounding factors (child gender, child age in months and frequency of face-to-face father-child contact). Models 2, 4 and 5 show that the increased risk of poor mental health among children from separated families could be explained by each of socioeconomic factors (Model 2; OR = 1.99, 95% CI = 0.87, 3.53), parent mental health and social support (Model 4; OR = 2.07, 95% CI = 0.95, 4.53), and parental conflict (Model 5; OR = 1.76, 95% CI = 0.76, 3.91). In each model, the odds of poorer mental health among children from separated families were reduced and became statistically non-significant. While these findings suggest that differences in child mental health are fully explained by the factors included in these models, wide confidence intervals remained, such that it was plausible that children from separated families had anywhere between a 15% reduced odds of poor mental health (Model 5), and a 453% increased odds of poor mental health (Model 4) after adjustment for these factors. Adjustment for parenting (Model 3) only partially explained differences in children's mental health – the odds ratio reduced to 2.07 (95% CI = 1.05, 4.52) but remained statistically significant.

Model 6 adjusts for all confounders, socioeconomic factors, parenting, parent mental health, and conflict variables simultaneously. In this model, the estimated odds for poor child mental health was 1.73 (95% CI = 0.76, 3.91) which was non-significant. Of the seven significant predictors of child mental health in this model, four were related to fathers' parenting practices (high levels of warmth and parenting self-efficacy were associated with reduced risk of poor child mental health, while high levels of angry parenting and inductive reasoning were associated with increased risk of poor child mental health), one was related to

mothers' parenting (high levels of maternal consistency were associated with reduced risk of poor child mental health), and two were related to socioeconomic factors (having an unemployed father and a mother who had not completed year 12 was associated with increased risk of poor mental health) (see Appendix B). While still wide, the confidence interval in this analysis is centred closer to zero than for the previous models, increasing the likelihood that there is no true difference in the mental health of children in the two groups.

INSERT TABLE 2 HERE

Factors predicting mental health of children from separated families where fathers are non-resident

A logistic regression analysis examined the predictors of mental health for the subgroup of children from separated families where fathers are non-resident (Table 3). The small sample size (n= 169 with complete data) restricted our ability to detect significant predictors of child wellbeing in this group, such that there were only two significant associations. Maternal parenting inconsistency was associated with an increased likelihood of poor child mental health (OR = 3.53, 95% CI = 1.01, 12.36) and, counter-intuitively, having parents who frequently disagreed about child-rearing was associated with reduced likelihood of poor child mental health (OR = 0.26, 95% CI = 0.06, 0.91). The remaining analyses showed several non-significant associations that were consistent with expectations: mothers' unemployment (OR = 3.41, 95% CI = 0.92, 12.44), and maternal distress (OR = 3.47, 95% CI = 0.81, 14.91), were both associated with an increased risk of borderline/abnormal child mental health. There was also a tendency for a lack of inductive reasoning from mothers and fathers to predict normal/good child mental health.

INSERT TABLE 3 HERE

Discussion

This contemporary national sample showed that 8-9 year old children from separated families with non-resident fathers experienced quite different life circumstances than children from intact families with resident fathers. As suggested in previous research, we found that children from separated families were more likely to experience socioeconomic disadvantage (Linacre, 2007), to have psychologically distressed parents (Loxton, et al., 2006; Rotermann, 2007), and to be exposed to high levels of parental conflict than were those from intact families. In new evidence regarding the fathers' parenting practices, we found that non-resident fathers reported higher levels of angry parenting than resident fathers, higher levels of warmth and inductive reasoning, and similar levels of self-efficacy and parenting consistency than resident fathers. Thus fathers' perceptions of their parenting practices showed a number of differences according to resident status, with non-resident fathers reporting higher levels of both behaviours that are protective (warmth) and behaviours that are risky (angry parenting) for children's wellbeing.

This study also showed that children from separated families with a non-resident father had a two-fold increased risk of mental health difficulties compared to those from intact families. Consistent with previous studies, these differences were fully accounted for by inter-parental conflict, mothers' and fathers' mental health and socioeconomic factors, and were explained to a lesser extent by mothers' and fathers' parenting (Amato, 1993; Amato, 2005; Hetherington, et al., 1998). Thus family structure *per se* was not the main cause of

child mental health problems. Parental conflict made the greatest contribution to accounting for the mental health differences between children from intact and separated families, which is consistent with other research highlighting the adverse effects of family conflict on children's post-separation adjustment (Amato, 2005; Baxter, et al., 2011; Hetherington, et al., 1998).

In the fully adjusted model, a greater number of father variables, particularly fathers' parenting, were significantly associated with children's mental health than mother variables (Appendix B). These findings may be influenced by the nature of the LSAC sample which is likely to be biased toward fathers who are highly engaged in their parenting role. Non-resident fathers who participated in the study all saw their child at least once a year and were willing to be interviewed. Nonetheless, these findings highlight the significance of non-resident fathers engaging in positive parenting practices and making an important contribution to their child's development (Jaffe, et al., 2003; Lamb, 1999).

One surprising finding was that mothers' and fathers' low levels of inductive reasoning appeared protective against poor child mental health (Appendix A & B). The inductive reasoning items assess, among other things, the frequency with which parents provide explanations and reason with their child when managing misbehaviour. Thus it is possible that these items reflect a style of parenting wherein engagement in rule negotiation inadvertently undermines parental authority, creates boundary diffusion and generates related uncertainty for children. When this occurs across two separated households, the toll on the child is likely to be greater still. Alternatively, inductive reasoning may reflect 'nattering' parenting, where parents are excessive or nagging in their management of misbehaviour.

We also examined factors related to children's mental health within the subsample of children from separated families with a non-resident father. The small sample limited our ability to detect differences and only two associations reached statistical significance. Having a mother who was inconsistent in her parenting style was associated with increased likelihood of children being in the borderline/abnormal range for mental health. Unexpectedly, frequent disagreements about childrearing were protective against poor child mental health. This was independent of the frequency of awkward/stressful conversations and levels of anger/hostility, with these factors showing non-significant associations with increased likelihood of borderline/abnormal child mental health. Given that parents need to first discuss childrearing in order to disagree, this finding may reflect the benefit of having highly involved parents. However, all three measures of parental conflict were quite crude, and were based solely on mothers' perceptions, so should be interpreted with caution.

Strengths and limitations

While previous studies have tended to rely on high risk samples of non-resident fathers (e.g. Hawthorn & Lennings, 2008; Simons, Whitbeck, Beaman, & Conger, 1994), the current study demonstrates the importance of non-resident fathering in a large sample of Australian children. Key strengths were the use of independent, teacher-reports of child mental health, and the consideration of non-resident fathering in the context of mothering which avoided likely confounding of the father-child relationship by the mother-child relationship. Mothers' and fathers' parenting and mental health were also assessed using identical measures, allowing direct and equal comparison. The consideration of parenting and

parent mental health relative to socioeconomic factors and parental conflict also give the findings considerable merit, as studies have rarely been able to consider so many facets of children's lives simultaneously.

A limitation of this research regards sample bias. The LSAC study interviewed only non-resident fathers who saw their child at least once a year and for whom mothers provided contact details. This means the sample likely over-represented highly involved fathers, and under-represented those who have conflict in their relationships with the child's mother. This may account for the finding that non-resident fathers reported higher parental warmth than resident fathers, as fathers who were relatively disengaged from the parenting process would be likely to be over-represented amongst those excluded from participation. Many of the parenting and conflict constructs were also assessed using brief measures, increasing the likelihood that our models may have failed to detect associations that exist in the population. A final limitation is that, as with all cross-sectional analyses, this study could not determine the extent to which the factors explored caused poor child mental health. It is possible that children with mental health problems provoke poor parenting practices, heighten parental mental health problems, and exacerbate parental conflict. Well-adjusted children may also seek and reward non-resident father involvement, while those with emotional or behavioural problems may push them away.

Policy implications

The importance of fathers to child wellbeing is increasingly recognised in Australian policy. Groups advocating for fathers' rights have raised the profile of non-resident fathers,

and helped to drive changes to family law and child support which encourage continued involvement of both parents. Government agencies have also released publications and programs aiming to promote father involvement and improve communication after separation (e.g. http://www.csa.gov.au/employers/staying_connected.php). Most recently, the introduction of two weeks paid paternity leave in Australia aimed to increase father involvement in infant care (Productivity Commission, 2009). The current findings, showing that the parenting and wellbeing of non-resident fathers play a key role in child development, support such changes.

However there remains considerable further potential for governments to engage non-resident fathers. As Eardley and Griffiths (2009) report, many services in Australia are not conducive to non-resident parent involvement. Schools and healthcare services tend to communicate only with the resident parent by default, meaning that non-resident parents need to actively request information to stay informed. Similarly, social housing programs often assess non-resident parents as single individuals, and do not provide sufficient room for part-time childcare (Eardley & Griffiths, 2009). Changes to these systems are likely to encourage long-term father involvement. Promising results have also been found for parenting and skills courses which focus specifically on fathers, with outcomes including increased involvement of fathers with school, and increased parenting confidence (Fletcher, Silberberg, & Baxter, 2001). Importantly, any new support or skill services need to be father-friendly, and offered out of work hours to cater for the large proportion of Australian fathers working full-time (Eardley & Griffiths, 2009).

The current research provides valuable insights into the determinants of child wellbeing within non-traditional family structures. By demonstrating that child mental health

is determined by circumstances associated with these family structures, rather than family structure itself, the results contradict recent claims that two biological parent households are a superior environment for children (Parkinson, 2011). Such comments reflect a simplistic view of the relationship between family structure and child outcomes by failing to recognize that the circumstances which predispose parental separation are also associated with increased risk of poor child mental health. Our results show that child mental health is driven primarily by demographic and contextual factors, not family structure. Children raised in two-parent households who are exposed to these risk factors also fare poorly. These findings highlight the need to focus interventions on the adversities faced by families, regardless of family structure.

Policy efforts should also aim to reduce the conflict children are exposed to. Some government action has already been taken for separating families. Changes to the Family Law Act since 1995 replaced the terms ‘custody’ and ‘access’ with ‘live with’ and ‘spend time with’ respectively, in an attempt to move away from the impression that one parent had ‘won’ and the other had ‘lost’, post separation (Kaspiew et al., 2009). These changes have attempted to spark a cultural shift toward less adversarial parenting disputes and toward more cooperative shared parental responsibility. In addition, enactment of the Family Law Amendment (Shared Parental Responsibility) Act 2006 involved the establishment of Family Relationship Centres nationwide (Kaspiew, et al., 2009). These centres offer assistance to couples at all stages of their relationship to help strengthen family relationships, resolve difficulties and develop mutually agreeable shared parenting arrangements in the event of separation (Kaspiew, et al., 2009). The Child Support Agency has a number of publications aiming to help families reduce conflict and maintain meaningful relationships after separation

and in the event of re-partnering (for example ‘Me, my kids and my ex: forming a workable relationship for the benefit of your kids’; www.csa.gov.au). The results from the current study suggest the importance of such services for supporting the wellbeing of parents and children at all stages of the family life cycle, including during and after parental separation.

Conclusion

Overall, this study makes a valuable contribution to the growing body of Australian evidence highlighting the important role that fathers, particularly non-resident fathers, play in their children’s development. Using nationally representative data, we provide new evidence demonstrating that children do best when their families are free from conflict and when their fathers are skilled and engaged with their parenting role. The study also provides further evidence that family structure *per se* is not predictive of child mental health. These data suggest that a key focus of policy makers should be on minimising the adversities faced by all families, regardless of their structure.

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Table 1. Sample characteristics for children from intact families with resident fathers, and separated families with non-resident fathers

		Intact families with resident father n = 2769	Separated families with non-resident father n = 268	p
Mother age	Mean (SD)	39.3 (4.7)	38.3 (5.7)	<.001
Father age	Mean (SD)	41.7 (5.7)	41.7 (6.4)	.946
Socioeconomic factors				
Equivalised household weekly income at child's main residence				
\$1000+	%	41.3	21.4	<.001
\$500-\$999	%	43.9	28.5	
Less than \$500	%	14.9	50.1	
Mother did not complete year 12	%	43.2	57.0	<.001
Father did not complete year 12	%	45.4	57.0	.001
Mother employment				
Full time	%	29.3	27.6	<.001
Part time/casual	%	44.1	36.6	
Not employed	%	26.6	35.9	
Father employment				
Full time	%	92.9	74.8	<.001
Part time/casual	%	3.1	16.5	
Not employed	%	4.0	8.7	
Mother parenting				
Low warmth	%	19.4	22.8	.273
Angry	%	26.7	30.0	.345
Low self-efficacy	%	37.4	37.7	.920
Low inductive reasoning	%	22.2	22.7	.868
Low consistency	%	20.0	26.2	.042

Father parenting				
Low warmth	%	20.7	15.3	.050
Angry	%	9.5	14.0	.030
Low self-efficacy	%	34.3	32.6	.637
Low inductive reasoning	%	19.7	12.5	.012
Low consistency	%	17.9	19.5	.560
Mother mental health				
Distressed	%	11.0	20.5	<.001
Low social support	%	60.2	72.3	.008
Father mental health				
Distressed	%	11.4	19.1	.001
Low social support	%	49.3	43.9	.137
Parental conflict				
Frequent disagreements about childrearing	%	7.7	29.9	<.001
Frequent awkward/stressful conversations	%	3.8	26.8	<.001
Frequent anger/hostility	%	2.2	17.7	<.001
Confounders				
Contact with father				
<i>Weekly</i>	%	100.0	21.1	<.001
<i>Fortnightly</i>	%	0.0	23.5	
<i>Monthly or less</i>	%	0.0	55.4	
Child age in months	Mean (SD)	105.5 (.05)	106.2 (.19)	.002
Child is male	%	52.2	52.7	.882

Note: Bold text indicates $p < .05$

Table 2. Odds ratios (and 95% confidence intervals) of children from separated families having a mental health difficulty, relative to those from intact families.

	OR (95% CI)	<i>p</i>
Model 1		
Family structure only	2.36 (1.57, 3.53)	<.001
Model 2		
Family structure + confounders + socioeconomic factors	1.99 (0.87, 4.51)	.101
Model 3		
Family structure + confounders + parenting	2.18 (1.05, 4.52)	.036
Model 4		
Family structure + confounders + parent mental health and social support	2.07 (0.95, 4.53)	.068
Model 5		
Family structure + confounders + parental conflict	1.93 (0.85, 4.34)	.114
Model 6		
All variables	1.76 (0.76, 3.91)	.187

Note: Full models are presented in Appendix B. All models adjust for child gender, child age in months and frequency of father-child contact. Socioeconomic factors are household income, mothers' and fathers' education, and mothers' and fathers' employment. Parenting variables are mothers' and fathers' warmth, hostility, self-efficacy, inductive reasoning and consistency.

Table 3. Adjusted odds ratios (and 95% confidence intervals) of child mental health problems, by socioeconomic factors, parenting, mental health, parental conflict and confounding factors for children from separated families with a non-resident father (n = 169).

	OR (95%CI)	p
Socioeconomic factors		
Equivalised weekly income at child's residence ^a		
\$500-\$999 per week	1.68 (0.43, 6.68)	.454
Less than \$500 per week	1.33 (0.31, 5.72)	.697
Mother did not complete year 12	1.27 (0.40, 3.96)	.683
Father did not complete year 12	1.58 (0.56, 4.50)	.384
Mother employment ^b		
Full-time	1.77 (0.42, 7.49)	.437
Unemployed/ not in labour force	3.41 (0.92, 12.44)	.063
Father employment ^c		
Part-time	0.71 (0.15, 3.28)	.655
Unemployed/ not in labour force	4.14 (0.65, 26.46)	.132
Mother parenting		
Low warmth	0.81 (0.23, 2.83)	.741
Angry parenting	1.15 (0.26, 4.99)	.853
Low self-efficacy	2.51 (0.78, 8.03)	.120
Low inductive reasoning	0.32 (0.63, 1.63)	.168
Low consistency	3.53 (1.01, 12.36)	.049
Father parenting		
Low warmth	1.06 (0.20, 5.49)	.944
Angry/hostile parenting	1.60 (0.30, 8.41)	.577
Low self-efficacy	1.92 (0.74, 5.00)	.179
Low inductive reasoning	0.18 (0.03, 1.26)	.083
Low consistency	1.22 (0.29, 5.08)	.786
Mother mental health		
High distress	3.47 (0.81, 14.91)	.094
Poor social support	0.86 (0.27, 2.67)	.786
Father mental health		
High distress	1.33 (0.33, 5.43)	.687
Poor social support	0.44 (0.14, 1.41)	.166
Inter-parental conflict		
Frequent disagreements about child rearing	0.18 (0.05, 0.65)	.009
Frequent awkward conversations	1.89 (0.41, 8.77)	.413
Frequent anger/hostility	2.71 (0.46, 15.98)	.268
Confounders		
Contact with father ^d		
Fortnightly	0.74 (0.20, 2.82)	.658
Monthly or less often	0.97 (0.31, 3.09)	.964
Child age in months	0.90 (0.78, 1.04)	.142
Child sex is female	0.60 (0.18, 2.02)	.402

Note: Bold text indicates $p < .05$. ^a compared to \$1000+ per week. ^b compared to part-time
^c compared to full-time ^d compared to weekly or more often. Children with resident fathers coded as having contact weekly or more often

Appendix A. Bivariate odds ratios (and 95% confidence intervals) of child mental health problems, by socioeconomic factors, parenting, mental health, parental conflict and confounders

	OR (95% CI)	p
Socioeconomic factors		
<i>Equivalised household income at child's residence</i> ^a		
\$500-\$999 per week	1.06 (0.73, 1.54)	.767
Less than \$500 per week	1.66 (1.05, 2.60)	.029
Mother did not complete year 12	1.93 (1.36, 2.73)	<.001
Father did not complete year 12	1.35 (0.99, 1.85)	.056
Mother employment status ^b		
<i>Full-time</i>	1.59 (1.08, 2.35)	.020
<i>Not employed</i>	1.69 (1.14, 2.51)	.009
Father employment status ^c		
<i>Part-time</i>	1.38 (0.67, 2.84)	.383
<i>Not employed</i>	3.53 (1.93, 6.44)	<.001
Mother parenting		
Low warmth	1.26 (0.86, 1.81)	.236
Angry parenting	1.20 (0.84, 1.72)	.324
Poor self-efficacy	1.75 (1.26, 2.51)	.002
Low inductive reasoning	0.74 (0.48, 1.12)	.155
Poor consistency	2.08 (1.42, 3.06)	<.001
Father parenting		
Low warmth	1.64 (1.12, 2.36)	.011
Angry parenting	2.21 (1.39, 3.51)	.001
Poor self-efficacy	1.95 (1.41, 2.71)	<.001
Low inductive reasoning	0.57 (0.36, 0.89)	.014
Poor consistency	1.91 (1.26, 2.90)	.002
Mother mental health		
High distress	1.97 (1.29, 3.01)	.002
Poor social support	1.73 (1.21, 2.46)	.003
Father mental health		
High distress	2.15 (1.44, 3.21)	<.001
Poor social support	1.57 (1.14, 2.17)	.006
Parental conflict		
Frequent disagreements about child rearing	1.81 (1.05, 3.12)	.032
Frequent awkward conversations	2.47 (1.37, 4.58)	.003
Frequent anger/hostility	2.55 (1.26, 5.17)	.009
Confounders		
Contact with father ^d		
<i>Fortnightly</i>	1.89 (0.73, 4.89)	.188
<i>Monthly or less</i>	2.52 (1.46, 4.33)	.001
Child age in months	1.00 (0.95, 1.07)	.890
Child is female	0.66 (0.47, 0.93)	.019

Note: Bold text indicates $p < .05$

^a compared to \$1000+ per weekly; ^b compared to part-time; ^c compared to full-time; ^d compared to weekly or more often. Children with resident fathers coded as having contact weekly or more often.

High distress					1.41 (0.86, 2.31)	.167			1.10 (0.64, 1.90)	.720
Poor social support					1.43 (0.98, 2.10)	.064			1.44 (0.97, 2.14)	.077
Father mental health										
High distress					1.66 (1.07, 2.58)	.025			1.23 (0.75, 2.02)	.418
Poor social support					1.33 (0.94, 1.87)	.105			1.38 (0.97, 1.96)	.077
Inter-parental conflict										
Frequent disagreements about child rearing							1.17 (0.61, 2.24)	.635	0.98 (0.50, 1.92)	.951
Frequent awkward conversations							1.50 (0.59, 3.80)	.388	1.60 (0.69, 3.70)	.271
Frequent anger/hostility							1.17 (0.39, 3.52)	.777	1.17 (0.43, 3.15)	.757
Confounders										
Contact with father ^d										
<i>Fortnightly</i>	0.80 (0.25, 2.63)	.718	0.89 (0.26, 3.05)	.854	0.82 (0.24, 2.76)	.745	0.80 (0.23, 2.75)	.727	0.84 (0.24, 2.94)	.659
<i>Monthly or less often</i>	1.21 (0.46, 3.18)	.703	1.04 (0.41, 2.60)	.938	1.14 (0.43, 2.98)	.793	1.08 (0.41, 2.87)	.877	1.25 (0.46, 3.39)	.659
Child age in months	0.98 (0.93, 1.04)	.556	0.99 (0.94, 1.05)	.848	0.99 (0.93, 1.05)	.692	0.99 (0.94, 1.05)	.862	0.98 (0.92, 1.04)	.447
Child is female	0.69 (0.49, 0.97)	.032	0.76 (0.53, 1.08)	.126	0.70 (0.50, 1.05)	.049	0.70 (0.50, 0.99)	.043	0.75 (0.52, 1.07)	.112

Note: Bold text indicates $p < .05$; ^a compared to \$1000+ per week; ^b compared to part-time; ^c compared to full-time; ^d compared to weekly or more often