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Resilience in families with same-sex parents [journal article]

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Research suggests resilience can be viewed as a dynamic process facilitating positive functioning within the context of significant adversity. A nuclear family type that remains a controversial and stigmatized group is families with same-sex parents. Same-sex families face a great number of challenges, due to the presence of heterosexism in society and they are often heavily criticised within the broad public domain. The current study adopted a phenomenological methodology to identify the family resilience processes utilised by same-sex families. Five lesbian couples raising children in Perth, Western Australia were interviewed. A thematic analysis technique was then conducted. Seven family resiliency processes were identified – Creating Family Unity, Preparation, Support, Outness, Flexibility, Normalisation and Humour. Limitations of this study include the lack of child participants, meaning mothers were speaking on behalf of their children. Future studies could include using child interviews and gay fathers.

The image of the 'conventional family,' whereby children are raised in a single household by their married biological parents, is considered somewhat of a rarity today (Litovich & Langhout, 2004). Our contemporary understanding of what constitutes a nuclear family has been extended to accommodate single parents, mixed-race families, step families, families with adoptive children, grandchildren, and foster children to name a few (Golding, 2006). One nuclear family type that remains a controversial and stigmatised group is families with same-sex parents. Even within same-sex parent families there is a great variety in family configuration, including children from previous heterosexual relationships, adoptive children and children conceived during the homosexual relationship of their parents. Despite the differences in formation, these families are united in their unique experiences of discrimination and public scrutiny of their parenting skills. The criticisms of gay parents are well documented, and the topic of whether homosexual couples should be 'allowed' to raise children is often passionately discussed in the media, with proponents for each side of the argument adamantly defending their cause. The constant struggle to receive legal recognition of their unique families and counter the arguments of critics has demanded that lesbian and gay parents develop a unique resilience within their families which simultaneously battles chronic adversity and shields their children from hardship (Golding, 2006). The nature of this resilience has been, and continues to be an interesting topic for researchers, aiming to understand the factors and processes that facilitate positive development in spite of harsh conditions. The focus therefore for the current study is to build on the current understanding of how resilience is developed in families with same-sex parents.

Demographic Information and Figures in Australia

It is difficult to accurately determine the number of households in which there are same-sex parents as in many cases their relationship status is often not publicly or legally known (Negy & McMinny, 2006). The Australian Bureau of Statistics (ABS, 2009), however, recorded from a national census in 2006, that there were 27,000 same-sex couple families living in Australia. In 2006, data indicated that 3,200 children were living with same-sex-couples, 89% of which were headed by lesbian couples. Over half the children living with same-sex couples

were reported to be step children (57%), while 38% were reported to be the natural or adopted children of both parents (ABS, 2009). Therefore the majority of children living in such households were conceived from previous heterosexual relationships. However the introduction of gay right laws, particularly in Western Australia has seen an increase in cases where same-sex couples adopt and conceive children together. In 2002, the Artificial Conception Act (1985) was amended so that when a lesbian woman undergoes the artificial fertilisation process with her female partner, the de facto partner is conclusively presumed to be the parent of any child conceived. Furthermore the Western Australia's Registry of Births, Death and Marriages allow both gay parents to be listed on the child's birth certificate. As of July 2009, lesbian and gay couples living in de facto relationships were advised to inform Centrelink of their relationship under changes to the Social Security and Family Assistance Law. If deemed in a de facto relationship, both partners' income and assets are taken into account, and therefore entitlements may be reduced or cancelled. Despite these legislative advances, there is currently no legal registry for same-sex couples in Western Australia and couples remain unable to enter matrimony.

Literature and Attitudes Regarding Gay Parenting

Negative attitudes towards homosexuality and incidents of homophobia have been widespread, and long held. Societal attitudes and perceptions of gays and lesbians are generally not based on personal experience, but rather on culturally transmitted stereotypes of homosexuals being characteristically promiscuous and immoral (Patterson, 1992). There are many people opposed to the raising of children by homosexual parents, arguing that children living in such households are developmentally disadvantaged due to poor parenting skills (Milbank, 2003). Some of the

concerns that have been documented are, that children raised by homosexual parents will, in turn, be gay themselves (Rekers & Kilgus, 2002), that children will suffer gender and sexual identity confusion (Golding, 2006), that lesbian mothers are less psychologically capable to rear children than heterosexual mothers because they are less maternal (Editors of the *Harvard Law Review,* 1990), that homosexual non-biological parents are less involved in the upbringing of a child than heterosexual step parents (Lambert, 2005), that children are developmentally disadvantaged by the absence of both sex role models (Harris & Turner, 1986), and that children's social and emotional development will be negatively impacted (Cameron & Cameron, 1996).

An example of the fervour of this view came during the federal election period in 2010 from Wendy Francis, a Queensland Senate candidate who stated on a social networking website, which was later picked up by the popular media, that:

> *...children in homosexual relationships are subject to emotional abuse...legitimising gay marriage is like legalising child abuse...I believe that it's one thing to be homosexual, but I think it's another thing altogether to impose on children a situation where they'll be brought up without a mother or a father. (Gray, 2010, para. 4)*

Francis then went on to state that she was not homophobic. These sentiments seem to suggest the view that some people are not opposed to gay relationships themselves, rather they are against the raising of children in these relationships citing the "emotional abuse" they will suffer.

In contrast to these claims, there are no known detrimental effects of being raised by homosexual parents in any academic literature (Patterson, 2005). Children raised in such families display typical age-appropriate

emotional, cognitive and social development (Patterson, 2005) and furthermore, display higher levels of positive attributes such as a higher tolerance of diversity than children raised in heterosexual families (Negy & McKinny, 2006). No significant differences in gender identity, gender role behaviour, or sexual orientation have been found in research comparing children raised by heterosexual parents with children raised by homosexual parents (Golding, 2006). Emotional development in blended families has also been examined. In a study looking at homosexual step families, for example, the children participants attributed their emotional distress to the dissolution of their parents' relationship rather than issues related to the sexual orientation of the gay parent (Green, 1982). It has also been found that children raised from birth, by solely their lesbian mothers faced no negative consequences, despite the absence of a father (MacCallum & Golombok, 2004). Furthermore, Kirkpatrick (1987) argued that through everyday living, a child has the opportunity to come in to contact with opposite sex role models to their homosexual parents, and are not therefore lacking in role models. Research clearly supports the premise that lesbian and gay parents are capable of raising happy and well adjusted children, (Golding 2006; Lambert, 2005). Negy and McKinney suggested "in fact on some dimensions such as sensitivity to discrimination and sociocultural diversity, children reared in lesbian and gay families appear to have a better-developed social conscience than comparable children reared by heterosexual parents" (2006, p. 81).

Heterosexism: Issues and Implications

Despite no empirical support for the notion that raising children in gay families is detrimental to children, it is acknowledged these families face many different issues and challenges that may impact on the children. It is important to note that families with same-sex parents face the same or similar challenges as those families headed by heterosexual couples, including everyday stressors such as negotiating finances, transporting children to school and the division of household chores (Fredriksen-Goldsen & Erera, 2004). In addition, however, they also face struggles due to the presence of heterosexism in society.

Heterosexism is defined as the institutionalised practise of favouring heterosexuality, based on the assumption that heterosexuality is the only normal sexual orientation, thus making homosexuality abnormal (Chesir-Teran, 2003). The manifestation of heterosexism in the community leads to the attitude that homosexuality is wrong which in turn fuels much of the stigma, discrimination and homophobic incidents directed at gays and lesbians. Ryan and Berkowitz (2009) illustrated this by discussing the homophobic bureaucracies that determine and limit the rights of homosexual couples. Lesbian, gay, bisexual and transgender [LGBT] rights differ depending on countries, and often vary interstate within the same country. Legislation for equal marriage, adoption rights and access to fertility treatments, have all been contemporary issues, and predominantly the rights of gay people have been decided ultimately by heterosexual politicians (Fredriksen-Goldsen & Erera, 2004). These heterosexual favouring institutions therefore have a direct impact on gay families. Ryan and Berkwitz (2009) argue that bureaucracies are just one of the unique issues faced by lesbian and gay families, the other two being their limited physiologies for human reproduction and the constant response to questions about their obviously non-biological family. For example, lesbian mothers may often be asked who the 'real' mother is. Furthermore it is not currently known how negative comments in the media such as those made by Wendy Francis impact on these families. Finally, research suggests that one of the greatest issues faced by children raised by gay parents

is becoming the target of bullying by peers because of the sexual orientation of their parents (Robitaille & Saint-Jacques, 2009). It is clear then, that some element of family resilience must be established in order to obtain such positive developmental outcomes for their children despite these disadvantages and risks.

Resilience Literature Review

There is much discrepancy in the literature as to what constitutes resilience (Ahern, Ark, & Byers, 2008), and many of the opposing arguments will be raised in this paper. Currently there is no universally accepted definition of resilience. However in simple terms, research suggests that it is some representation of positive coping despite significant risk. Furthermore there is difference in meaning between the terms 'resilience' and 'resiliency.' Resiliency can be viewed as the ability or traits of an individual to manage life circumstances successfully, whereas resilience is the process by which one adapts and functions when presented with a crisis (Connolly, 2005). The nature of how this resilience is developed has been the topic of much debate. Early literature tended to emphasise the exceptional personal qualities or traits that formulate resiliency (Masten, 2001; Christiansen, Christiansen & Howard, 1997). For example, in a study based in an impoverished inner city neighbourhood in the United States, researchers reported on the remarkable capabilities and strength of individual at risk children (Richters & Martinez, 1993) suggesting that resiliency is a trait, or enduring stable personality characteristic. More recent research has suggested that rather than being a personal characteristic, resilience is a dynamic and ongoing process, and the result of numerous factors, such as supportive buffers, societal values and available resources (Masten, 2001). Furthermore some researchers have argued that resilience is both a characteristic and a process (Leipold & Greve, 2009).

Despite these arguments there is some consensus in contemporary literature that resilience can be viewed as a dynamic process facilitating positive functioning within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). This notion therefore encompasses two critical factors that must be present to presume resiliency. Firstly an individual must be exposed to a significant threat or severe adversity and secondly that individual must display positive coping despite these major threats to development (Luthar et al., 2000). However, even these simple assumptions raise a great many issues when attempting to conceptualise the process of resilience.

While traditional theories may have suggested that resilience is a special and rare individual quality, Masten (2001) suggests that in fact resilience is a 'normal' human process which any individual has the potential to demonstrate. Masten argues that "resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems" (p. 227). The risks to human development are therefore those that compromise the systems that build adaptive processes, such as motivation for learning and connectivity with the environment, cognition and brain development, caregiver-child relationships and emotion regulation (Masten, 2001). This suggests that the environmental surroundings of an individual greatly shape their ability to be resilient. Luthar et al. (2000) agree that resilience is not an individual trait, but a reflection of the protective factors and weaknesses present in an individual's environment. A recent paper by Pooley and Cohen (2010) has identified the ecological nature of resilience, discussing the internal and external processes that influence the individual. Pooley and Cohen (2010) suggests a definition of resilience over the life span as the "potential to exhibit resourcefulness by using available and external resources in response to different

contextual and developmental challenges" (p. 30). This research clearly demonstrates the role of societal support systems in fostering resiliency, which is of great importance to this current study when considering the impact of heterosexism on families with same-sex parents, which in many ways are not supported by society.

Family Resilience

The literature examined thus far has solely discussed resilience in individuals. However families by their very nature are made of several individuals, making the resiliency of the family more complex. Family resilience should be viewed as a cohesive unit rather than the sum of the resilience of all the individuals who make up the family (Simon, Murphy, & Smith, 2005). Family resilience researchers concur that family resilience is a multidimensional construct composing of three parts (Simon et al., 2005). The first dimension is the length of the stressful situation experienced by the family. A 'challenge' is the label given to a short-term situation, whereas 'crisis' is used to describe a long-term adverse situation (Simon et al., 2005). How a family is able to negotiate the situation will depend on its duration. The second dimension of family resilience is the life stage of the family when it encounters the challenge or crisis, for example families with preschool age children face different issues to families with teenagers. The characteristics and solutions of the family members must therefore appropriately match the life stage of the family, to foster resilience. The third dimension of resilience is the external and internal sources of support that a family accesses during an adverse situation or crisis. Research suggests that families that utilise support from outside the immediate family such as extended family members, friends and support from the wider community display higher levels of resilience and this may be of particular importance to individuals from cultures that value collectivism (McCubbin, McCubbin, Thompson, & Thompson, 1995). These three dimensions can be used as a

theoretical framework to help assist in the formulation of research questions and topics when conducting qualitative research into resiliency within families of same-sex parents.

Walsh (1998) presented the systems theory of family resilience, which enables researchers to identify and target pivotal family processes that reduce stress in high-risk situations, foster coping and empowerment. Walsh (1998) put forward three key processes of family resilience. The first is the family belief system, which encompasses the attitudes and values of the family, and thus shapes how they respond to adverse situations. If a family holds a positive belief system which values interconnectedness and problem resolution to overcome the challenges and crises that arise, the family may be able to perceive this adverse situation as a 'normal' life challenge. By normalising the situation the family is therefore able to determine what resources are available to them and how they should respond accordingly (Simon et al., 2005). The second process is organisational patterns, which foster family resiliency through flexibility and connectivity. The third key process is communication (Walsh, 1998). Open communication within the family can foster mutual understanding and respect of individual family members and the opportunity to express emotions freely (Simon et al., 2005). Again this framework can be of particular use when investigating the experiences of families with same-sex parents, as some of the key processes may not be present, such as open communication because some parents may wish to keep their relationship a secret from their children, for fear of rejection and or losing custody (Fredriksen-Goldsen & Erera, 2004). Similarly, homophobic attitudes may have become a very 'normal' everyday life challenge for such families.

Lesbian and Gay Families as Candidates for Resilience Studies

Despite the knowledge that lesbian

and gay couples can be successful parents, they still face an assortment of issues. Ungar (2008) suggests that societal norms can foster resilience; however, clearly homosexuality is not currently considered a cultural norm, and heterosexism permeates that being gay is abnormal (Chesir-Teran, 2003). These families therefore have to develop resilience, despite not fitting with traditional societal attitudes of what should formulate a 'typical' family. Such families are therefore living in a chronic stressor condition (Connolly, 2005). While gay families in general may not be at risk of poor parenting, the family still has to negotiate the dangers heterosexism presents, such as being victims of discrimination and oppression (Litovich & Langhout, 2004). These families then may face both challenges and crises. For example they may experience a specific harmful incident (a challenge) such as a hurtful taunt in the playground towards their child as well as having to cope with heterosexism within their surroundings on an ongoing basis (a crisis), such as restrictive legislative policies. Therefore, the research objective of the current study is therefore to investigate the nature of family resiliency within a sample of same-sex households in Western Australia.

Methodology

The current study will adopt a phenomenological methodological approach in which the life experiences of participants and the meanings that they attach to these experiences is the focus of attention (Groenewald, 2004; Liamputtong & Ezzy, 2007; Wertz, 2005). The phenomenological approach is based on the idea that reality, as humans experience it, is pure phenomena and is therefore absolute data that can be studied (Groenewald, 2004). Through phenomenological studies, researchers are able to identify recurrent themes amongst participants along with individual variations (Groenewald, 2004). According to Mishler (2001), telling stories is one of the important ways that people construct and express

meaning, therefore participants should be encouraged to describe their experiences. This is based on the assumption every individual has their own personal story and are able to make sense of their experience through moulding the events into narrative form (Cohen, Pooley, Harms, & Ferguson, 2009).

Participants

Five lesbian couples raising children within the greater metropolitan area of Perth, Western Australia participated in this study (n = 10 total participants). Each couple was raising one child (identified as a person below the age of 18 years) in their home. The number of children in this study was therefore five. Two families also had four additional adult children (total number of adult offspring = 8). In both of these families, one of the adult children was also living in the family premises at the time of the current study. Below are brief vignettes describing the familial structure of the participants. All names have been changed to protect the identities of those involved.

Mary and Charlene. Mary (48) and Charlene (49) have been in a relationship for over eight years. Mary has two biological children from a previous heterosexual relationship and Charlene has three biological children from a previous heterosexual relationship. At the beginning of the relationship, two of the children were twelve, one was ten, one was nine and one was eight. All the children were familiar with one another and attended the same schools. Within a year Mary and Charlene were living together with all five children. Mary's children were co-parented by their father, and would split their time between homes. Charlene's children did not have as much contact with their father. At the time of the study, the youngest child Adam (16) is living at home, as is Alice (19). Sarah (18), Tom (20) and Amy (21) have all left home. Neither partner has full legal rights to each other's biological children, although parenting responsibilities have been shared equally. Both Mary and Charlene say that they have supportive families of origin, although they live

interstate or overseas.

Kim and Sally. Kim (41) and Sally (42) have been in a relationship for 19 years. They have a daughter Chloe, who at the time of the study was 2 years and 8 months. Chloe was conceived through in vitro fertilisation using a known sperm donor who is a friend of Kim and Sally. Sally is the birth mother of Chloe, after unsuccessful attempts for Kim to conceive. Both mothers are listed on Chloe's birth certificate, a legal right they actively campaigned for. Chloe is aware of the identity of her biological father; however he is not involved in parenting decisions and does not have a 'traditional' paternal role. Sally does not have contact with her family of origin, but she reports a very close and supportive relationship with Kim's family of origin.

Jemma and Mandy. Jemma (34) and Mandy (45) have been in a relationship for eight years. They have a daughter Kylie, who at the time of the study was two years old. Kylie was conceived using intracytoplasmic sperm injection (ICSI) using Mandy's brother's sperm and Jemma as the birth mother. Jemma has a "tense relationship" with her family of origin, who have difficulty recognising Mandy as Kylie's mother. It was therefore important to Jemma and Mandy that they were both biologically related to their child, and they subsequently approached Mandy's brother for sperm donation. Both mothers are listed on Kylie's birth certificate. Mandy's brother has signed away his legal rights, except in the event he perceives Kylie to be at risk of harm, and now fulfils the role of uncle to Kylie.

Karen and Fiona. Karen (33) and Fiona (46) have been in a relationship for five years. They have a daughter, Megan, who at the time of the study was 2 years and 6 months old. Fiona is the birth mother to Megan, who was conceived using an anonymous sperm donor, through the process of IVF. Both mothers are listed on Megan's birth certificate. Karen and Fiona are planning to have further children using the same donor with Karen as the birth mother. Both Karen and Fiona report having very supportive families of origin, although Fiona's family lives overseas.

Carla and Heidi. Carla (44) and Heidi (45) have been in a relationship for two years. Carla has five biological children. Four of Carla's children were conceived in previous heterosexual relationships (Tina, 27, Georgina, 24, Daniel, 20 and Jessica, 18). Mike (6 years, 10 months) was conceived during a previous lesbian relationship using donor insemination. Mike does not have any contact with Carla's former partner and currently lives with Carla and Heidi. Daniel also lives on the family premises. At the beginning of Carla and Heidi's relationship, Carla describes how she was primarily Mike's parent and Heidi was her partner, however over time Heidi has taken on the role of joint parent. Mike has Aspergers disorder, and prefers a regimented daily routine, which Heidi describes as being a hard learning process. Both Carla and Heidi feel they have supportive families of origin, and practical support from Carla's older children.

The mean age of participants was 43 years, and the mean relationship duration was 8.5 years, range 2 to 19 years. Of the five children living under the care of their lesbian parents at the time of the study, three were daughters and two were sons. All participants were of working socioeconomic status. Qualifications held by participants varied from high school education to postgraduate University studies. All participants were Caucasian.

Materials

A semi-structured interview schedule was used and was based in part on the questions adopted in previous studies by Golding (2006) and Litovich and Langhout (2004). The interview schedule consisted of open ended questions, as this allowed for a topic to be raised by the interviewer, but did not suggest how the participant should respond, thus giving the participant the opportunity to discuss the topic in their own words (Liamputtong & Ezzy, 2007).

Table 1
Themes Derived from Analysis

Theme	Sub-themes
Creating Family Unity	Names
	Routines and rituals
Preparation	Communication and philosophy
	Research and resources
	Anticipating negative incidents
Support	Families of origin
	Gay community and friends
	Organisations
Outness	Pride
	Adaptability to different settings
	Disclosure to children
Flexibility	Child-centred approach to parenting
	Gender roles
Normalisation	"The mundane"
	Comparisons to other families
Humour	As a coping mechanism

Procedure

All families were contacted by email or telephone by the researcher. They were provided with an information letter, detailing the purpose of the research and were asked if they were interested in taking part in the study. Once the first interviews were conducted, the snowballing method was adopted to obtain further participants whereby already selected participant recommend other persons they know who fit the research criteria (Groenewald, 2004). Families were interviewed in places convenient to them and conducive to a one hour interview.

Analysis

Once interviews had been completed, the audio recordings were transcribed verbatim by the researcher and a thematic analysis was undertaken adopting the procedure outlined by Glesne and Peshkin (1992). The first author read each transcript individually to note any biases. Significant statements within the transcript were underlined and categories were formed to describe the experiences reported by participants. Important statements were documented using different colour coding and then grouped into the categories identified in the previous step (Hecht & Ribeau, 1987). These similar categories were then assimilated to formulate themes (Glesne & Peshkin, 1992). Once each interview has been analysed using the procedure outlined the researcher returned to the original interview to check for any themes that may have been missed, thus ensuring maximum narrative for each transcript. During the end of the analysis process, member checking was used and participants were contacted to ensure all information was correct. Reflexivity was also an important component of the analysis of interviews, whereby the researcher has an "enriched ability to see and understand resilience in the families studied because the interviewer participates in the experience that she is investigating" (Golding, 2006, p. 52).

Results and Interpretations

Participants in the current study offered descriptions of a wide variety of experiences. These challenges included, but were not limited

to, struggles to gain legal recognition as joint parents, a gruelling conception process, teasing and bullying of children at school (in one case to the point of having to obtain a court ordered restraining order against another child), loss of long time family friends after the disclosure of sexuality, being disowned by families of origin, depression, refusal of entry to child into a particular school based on the parents relationship status, neighbourhood gossip and the difficulties of building a blended family. All participants also mentioned or referred to feelings of dislike or frustration at the inequality of recognition of relationship status within Australia. Despite these hurdles, all families have been able to maintain relationships and create households that foster positive development for their children.

After conducting a thematic analysis seven themes were identified which were made up of a variety of sub-themes that were consistent with the aforementioned resiliency literature. Table 1 presents the identified themes and sub-themes from this study.

Creating Family Unity

All of the participants interviewed in the current study highly valued creating a strong and united family unit. This is echoed in other research. The methods adopted by participants in this study to achieve this unity differed, although the end goal remained consistent. The first method within this theme of creating family unity, was the consideration of names. Several families opted to change their surnames so that all family members had the same last name, which is consistent with gay literature in forming visible identity, as co-parents may change surnames so that all parents and children have the same name, which reduces confusion when interacting with institutions (Reimann, 1997) and furthermore the language used may increase legitimacy in the eyes of loved ones and society (Steirs, 1999). Jemma explains her and Mandy's reasons for

changing their names, "We all have the same surname. It's inclusive. A family unit".

This appears to be consistent with Oswald's (2002) theme of 'naming.' Furthermore the two blended families in this study had the additional consideration of how the children may refer to their biological mother's partner. This is a typical issue in step families as network members must decide what to call co-mothers and co-fathers as well as chosen kin (Ainslie & Feltey, 1991). In both cases in the current study the children may say in general conversation "I have two mothers" but specifically address the non-biological parent by first name. In contrast, in the three families where the children were born into the relationship, all refer to both parents as "mum, mummy, or mama".

Additional sub themes that were raised were that of rituals and routines. Simon et al. (2005) describe how routines, or specific family events, can create unity amongst the family members. Some participants in this study described how they had such routines, such as "Friday Pizza and DVD nights", or particular family traditions, such as for Christmas and birthdays. Oswald (2002) suggests how ritualising bed time routines can allow for the non-primary caregiver to spend time with and create bonds with their child. This was true for one participant in this study, who spent comparatively less time with her daughter than her partner because she was the primary income earner and therefore ensured she spent a substantial amount of time with her daughter at bedtime. Notably, all participants stressed how important it was to them that they participate in activities as a family, and value "togetherness". For example Heidi described, "We always do something together on the weekends, whether it's going to the markets, going to the park, going to the arcade or going somewhere".

In the case of Mary and Charlene, creating this family unity proved difficult at

first when initially blending their families, as the children resisted calling themselves a family. This is very consistent with the research literature that forming blended families can be a very 'blurry' process (Simon et al., 2005). To deal with this, Mary and Charlene would instead refer to the 'household,' thus again highlighting the importance of appropriate language. Over time, however, Mary said, the children began to refer to each other as brothers and sisters regardless of biological relationship. Charlene recalls how getting joint pets helped in this process:

> *It wasn't your dog or my dog. It was our dogs...I said my god this is unbelievable, what it does for the blended family, having joint puppies... because there was two puppies there would often be two kids outside playing with the puppies, and that kind of brought them closer together. It was good.*

Creating family unity is therefore a theme present across all of the participants in this study, regardless of configuration. This is consistent with the existing research that creating a strong unit fosters family resiliency (Simon et al., 2005).

Preparation

Preparation was a key theme that emerged for all families in this study. This theme shared some of the components with Oswald's (2002) theme of intentionality; however additional processes were identified in this study. Preparation manifested itself differently for different families however in particular this was of notable importance to the three families that had conceived their children during their current relationship. This preparation was notable in the forms of open communication to ensure consistent values and parenting philosophy, conducting research and intentionally obtaining resources such as books that were relevant to their family structure and anticipating negative incidents and thus for, talking with their

children from an early age about their situation and the differences between families. Mandy explained:

> *We wanted to be as prepared as possible before having Kylie. We're not going to do it behind a tree and get pregnant, a lot of thought goes into this... financially and emotionally... Once you start having discussions with your partner you find out whether you are compatible enough to raise a child, and if you can't agree or make a compromise how are you going to deal with the outside world?...We have a very united front of dealing with things, but that certainly wasn't always easy.*

These in depth discussions between couples seem to be related to the concepts of mutuality, relational balance and interdependence raised by Connolly (2005) which argue that open communication and joint decision making are important components of building successful and lasting relationships. Furthermore Sally's introspective statement of "as lesbians you do buy into (the belief) that maybe you're not the right person to bring up kids" highlights the impact of heterosexism in the form of internalised homophobia, which through much "self-analysis" and discussions Sally and Kim were able to overcome.

In addition the subtheme of research and resources was identified. Kim stated, that they read "*a lot* of research, all the research in the world" before beginning to try for a baby. This again supports the theme of preparation, as does the resources obtained by families, with the majority of families reporting to have read at least one book on lesbian parenting or obtaining children's books about different types of families. For all three families that conceived their children during their current lesbian relationship, the children were below the age of 3 at the time

of the interviews. Despite the young ages of the children, they were all in some way or form, aware of their family construction, knowing they had two mothers. Many participants spoke about how they seized opportunities as they presented themselves to openly discuss their family, Fiona recalled:

> *We've had conversations with her about that you've got two mummies, and other kids have a mummy and a daddy, and some kids have two daddies, some just have one, some have lots. So we've talked lots about that with her. She's only two and a half, in a few years she might grasp it a bit better...*

Mandy explained how she plans to answer her daughters questions, (on the topic of her sperm donor) "She will ask and we will always answer her age-appropriately".
Of course this level of preparation from birth is not always applicable to blended families whereby the children are older when their parents disclose their sexuality, as was the case for Mary and Charlene:

> *I don't think you can actually plan, because maybe as babies I think you could or small children but these kids were already established people, and they were going into teenage hood and they were both sexes.* (Charlene)

The presence of this sub theme of anticipating negative incidents, may be seen as a response to the implications of heterosexism within society, as parents are consciously aware that their family type is in the minority and thus likely to experience some form of discrimination, and consequently they feel the need to prepare their children for this.

Aspects of this theme of preparation have been touched upon in the previous literature, for example in Oswald's (2002) category of 'choosing children' in which he points out that as homosexual sex is non-creative, lesbian and gay couples have to seek alternative methods to conceive. However the subthemes presented in the study, and the high levels of preparation described by many of the participants, expands on our understanding within the current literature.

Support

Sources of support varied a great deal amongst the participants in the current study. Participants' relationships with families of origin ranged from "My mum was so supportive, it was something I was quite surprised about. They were so excited. I think there was the same level of acceptance that we are a family, and that Mandy's our daughter" (Karen) to "As I came out as a lesbian my mother cut me off. She sent me the old 'you're no longer my daughter' letter" (Sally). Consequently, Sally's family of origin does not have any contact with Chloe. While research suggests that extended families are an important source of support and are an important topic within the resilience literature, there does not necessarily have to be negative consequences if families of origin are not supportive (Rostosky, Korfhage, Duhigg, Stern, Bennett, & Riggle, 2004). For example if an individual can maintain close pair bonds within their relationship, and find alternative support networks resilience can still be achieved. This seems to be the case for Sally as she describes feeling a very supportive relationship with both her partner Kim, and Kim's family of origin. Other families of origin of participants in this study were described as supportive, but many lived interstate or overseas and were thus limited in the practical support they could provide.

Research has suggested that involvement in gay communities has been related to increased emotional wellbeing, and can be an important source of support for gay individuals, couples and families (Lambert, 2005). In this study, involvement in the gay community ranged from very politically active, to supportive of the community but limited by time commitments. Dilworth-

Andersen, Burton, and Boulin-Johnson (1993) suggested that political activism is a form of resilience because it allows individuals to make sense out of what is happening in their personal lives by linking it to a larger societal context. All of the participants reported to having gay or lesbian friends, accessed gay social networking websites to meet other families, and participating in or attending gay events. Some participants reported less involvement on the "gay scene" since having children, but Jemma notes "The support is there if we need it. We have access to a fair share of lesbians doing the same things as us".

Karen and Fiona did however, recall some negative experiences of lesbian friends, not approving of their decision to start a family, and creating an antagonistic atmosphere at a social event because of their dislike of children. All families in this study therefore also share friendships with many heterosexual couples raising children, as they share common parenting experiences. This is consistent with the notions of 'choosing kin,' 'gay and straight integration' and 'building community' by Oswald (2002). Interestingly Carla, when remembering the experiences of her older children growing up, noted how many of the children who teased her daughters because of their mothers sexuality, have identified as gay men as adults and she argued that "their own sexuality was staring them in the faces".

The majority of the participants in the current study described supportive organisations and institutions, and overall positive experiences with doctors, clinics, and daycares. For example Fiona tells, "Day care are supportive of it as well, they continue the conversation (of diversity)...On father's day they do stuff for us as well which is cute, we have stuff made for granddads!".

However, there are some notable exceptions, including one doctor refusing to work with Karen and Fiona when they were trying to conceive, a school principal recommending to Jemma and Mandy that they look elsewhere for a place for Kylie because their values may not be consistent with the other parents at his school, disagreements with government employees, and a counsellor who was inexperienced working with gay couples. However it is worth noting, that most families described that as a whole, their experiences with organisations were positive. This was a different experience for Carla, when recalling the bullying of her older children, "Schools didn't seem to really care. Well back then they didn't. Maybe they do now".

This perhaps reflects the changes in attitudes within organisations over time. However all couples made reference to ongoing feelings of frustration or sadness that they are still unable to have formal legal recognition of their relationship, with many referring to the "inequality" they felt or "hypocrisy" that they are recognised as de facto couples for taxation purposes, but do not have the right to marry within Australia.

Outness

Being 'out' is a term frequently used within the gay and straight communities to describe a gay person that is forthcoming about their sexual orientation. A 'closeted' person is a person who has homosexual feelings and may engage in homosexual acts, but keeps this information secret. Obviously there are a lot of issues surrounding the disclosure of sexual orientation, such as being disowned, dismissal from career, and fears for personal safety to name a few. As such there has been a lot of research on the coming out process (Coleman, 1982) and furthermore, outness can be viewed as a spectrum, ranging from 'fully out' to 'fully closeted' with much variance in-between. This has implications for the current study, as three sub themes emerged within the main theme of outness, which were, pride, adaptability to different settings, and disclosure to children. All of the participants in the current study were out to their families, friends, and for four out of five couples to

their children's schools or daycare. Research has suggested that increased outness is positively related to increased emotional wellbeing (Lambert, 2005). For all the participants in this study, being out, thereby making their relationship status publicly known, was an important consideration.

For example, as lesbians creating a blended family from previous heterosexual relationships, Mary and Charlene placed a very high importance on the coming out process, describing how they deliberately informed parents of other children, teachers and the schools:

> We had to take extra steps to make sure that we were doing the right thing because I knew that we would be in the spotlight otherwise... if anything ever went wrong, it would be "ahhh, it's because they're gay," and I never ever wanted that. So we always took steps right in the beginning, we would say to new parents coming along, immediately, "this is my partner." (Charlene)

Kim described how unfamiliar people try to ascertain their family structure:

> If we're out and about, people find it very difficult to try and put us together and work out what the relationship is...so we usually get asked, which is fine because we live by the motto that we have to be a good example to her and if we show any shame then she's going to pick up on that very quickly, so we are out to literally everybody, including the local greengrocer, and we will correct anybody who makes an assumption that is wrong, and we'll do it a positive way.

Both of these statements reflect the sub theme of pride as they discuss the notion of not displaying shame, and holding their heads high. Jemma also valued outness but

had a different approach, "We don't go in and go 'hey we're lesbians' but we don't hide it either".

For Carla, the situation is different, and this raises the sub theme of adaptability to different settings, because she is out to all her family and friends but has a more conservative relationship with Mike's school. When questioned, Carla suggested these feelings may be related to her extremely negative experiences of raising her older children, who got bullied to the point of needing a restraining order against another child, and the lack of support she felt from the school. Carla explains:

> I'm very cautious about being openly affectionate towards Heidi in front of anyone at the school, simply because I don't want people to give (Mike) a hard time, and I know people will. He's got enough issues without that as well. The teacher knows I'm a lesbian, I told her straight up, and she doesn't have an issue with it... but I am a little conservative, which I don't like, but I'm doing this for his sake not mine. I want his schooling life to be as easy as possible.

The final sub theme identified within this study was that of disclosure to the children, particularly for the children conceived in heterosexual relationships. Carla recalls coming out to her youngest son at the time, "My son was four at the time, and he went and told it as news in pre-primary!". In contrast, Mary describes the experience of telling her 12-year-old daughter, "I told Amy first, and Amy was extremely angry with me, not so much because of the gay relationship but because I had cheated on her father, so she was very very angry".

This is very much consistent with the literature that suggests that early adolescence is a very difficult time for a parent to disclose their orientation to a child (Lambert, 2005). Furthermore the above statement also

supports the literature that children's primary concern is often the dissolution of their biological parents' marriage (Green, 1982). Notably, Mary qualified how over time Amy began to accept her relationship and is now incredibly supportive. Based on all these accounts, outness is clearly a prominent issue and consideration for gay families.

Flexibility

While it has been stated that creating family unity has been one of the themes identified in the present study, as this is achieved in part through rituals and routines, an element of flexibility is also required within the family itself. This is qualified in the types of statements made by several participants that the "kids/child come first" at times to the detriment of having time for just the couple. Caring for the child(ren), spending time with them and providing them with adequate attention was of high importance to the participants in this study, and flexibility amongst the parents was required to ensure these needs were met, for example, Charlene stated:

We have been very much joint parents in that role. We have taken on each other's children. If I've had to take time off from work to take one of the kids to the doctor then I would, be it any one of the five... and there have been times when Mary's had to leave (work) early because, whatever I've done has been more important than what she was doing, so she was that more able parent. Even at times I've been more involved than both the mother and the father, because I was the one that was available.

Gender roles has been an interesting topic in the gay literature. The lack of social scripts of how gay couples should live, or who should have what responsibility within the household, has generated both positive and negative implications for families. Some research suggests that the lack of social scripts can lead to uncertainty and role confusion within the family (Rohrbaug, 1988). In contrast other research argues that

this has the potential to be a positive for gay families as it fosters creativity and flexibility as household chores can be completed based on competence, or preferences rather than traditional roles (Fredriksen-Goldsen & Erera, 2004). This flexibility in the division of household responsibilities generated much amusement amongst participants as they teased each other about their strengths and weaknesses. On the whole however, participants reported feeling satisfied with the equal distribution of responsibilities.

Normalisation

As previously discussed Walsh (1998) proposes key three processes of family resiliency, the first being the family belief system. The first component of the family belief system is 'normalising' the situation. This was notable in two manifestations in the current study, in the 'mundane' and comparisons to other families. If a family values interconnectedness and potential for growth, the family is able to unite and view the situation as a 'normal' life challenge (Simon et al., 2005). This was raised by several of the participants, as they seemed to lessen the impact of negative experiences, as almost mundane, with remarks like "That's always going to happen", "Somebody is always going to say something", "Children get picked on for a variety of things" to name a few. Interrelated to this, is the subtheme of comparisons to other families. Hequembourg (2004) describes how participants in her study emphasised the mainstream stating that the most common strategy was for the respondents' emphasis on the normality of their families. This was particularly true for many of the participants in this study as they made comparisons to other families:

That was something we had to keep reminding ourselves of, if the kids would play up or something, we actually had to say "Is this because they're teenagers or is this because we're gay?" So we had to

constantly remind ourselves, and it was just a few weeks ago that we were talking about some of our friends and saying "you know, they're still together, mum and dad still together and what they've been through with their kids...is way worse". (Mary)

 This theme of normalisation is therefore consistent with the existing literature in factors promoting family resiliency (Hequembourg, 2004; Simon et al., 2005).

Humour

Over the course of all interviews, or when asked what their values were, all participants referred to maintaining a sense of humour as a coping mechanism. Charlene explains:

We've tried to encourage the kids to see humour in it somehow. Like try and keep it light, keep it simple, be honest, and anticipate, they have all had their bit of teasing, as it's going to be, but Alice, she coped very well with using humour. Always did... Yeah we've had to use humour to deal with it, and it one of the defence mechanisms, especially for kids, and if they're upfront about it, and that's what we tried to teach them from the beginning, don't be ashamed, even if you are embarrassed, don't show that you're embarrassed because then you become a target. You have got to be able to throw it back at them and say "Yes, (my mum's a lesbian), so what? That's not my fault."

Karen said something similar; "Our sense of humour is important. There is not much that will knock us for six. We're usually pretty good at bouncing back". The quality of having a sense of humor about life situations and about oneself is consistent across all resilience studies of all ages (Earvolino-Ramirez, 2007). Sense of humor plays an

important role in the ability to make light of adversity, to enhance coping mechanisms, and to moderate the intensity of emotional reactions (Richardson, 2002). Clearly then, for these families who experience a great variety of stressors, humour is an important component of maintaining family resiliency, and is something that can be enjoyed by the whole family.

Conclusion

The research objective of this study was to investigate the nature of family resilience within same-sex households. After conducting a thematic analysis of the interview transcripts, seven themes were identified, Creating Family Unity, Preparation, Support, Outness, Flexibility, Normalisation and Humour. All of the themes and subthemes that were identified in this study were consistent with the previous family resiliency literature. The current study however, suggests a greater emphasis on Preparation as a process that fosters resiliency in same-sex families.

 Future studies should continue to move away from comparisons between homosexual and heterosexual families, however further comparisons between the different types of gay families is advised, as even within the small sample of participants used in this study, a great variety of experiences were relayed based upon family configuration. Furthermore future researchers may wish to obtain gay fathers for similar studies as they may provide differing experiences. Similarly, it is recommended that future researchers consider interviewing participants from differing racial and cultural backgrounds within Australia, as they too may report differing experiences.

A limitation of the current study is the lack of interviews with the children raised in these families. Readers should therefore be aware that parents were speaking on behalf of their children, and this obviously has its limitations, as couples are representing 'the family.' For example, parents (particularly with older children) may not have been aware of all their children's experiences, or their internal

attitudes and feelings regarding their family structure. Future studies are therefore required that interview the children of such families, so that they can tell their stories in their own words. Finally longitudinal studies in this area that document the dynamic and changing family resilience processes over time as the families respond to new challenges, would be greatly welcomed.

The current study was successful in identifying seven resilience processes common to all of the participants. When asked what were their responses to critics of their family type, many of the women simply replied, "come and meet us," and were confident in their parenting abilities. All of the resilience processes identified in the current study appear to be interrelated and conducive to creating a loving and nurturing environment for the children. These participants are therefore, by definition, resilient families providing the potential for the best developmental outcomes for their families in spite of critics, challenges and disadvantages.

References

Ainslie, J., & Feltey, K. (1991). Definitions and dynamics of motherhood and family in lesbian communities. *Marriage and Family Review, 17*(1), 63 -85.

Artificial Conception Act, 1985 (WA).

Australian Bureau of Statistics. (2009). *A picture of the nation: the statistician's report on the 2006 Census* (Report no. 2070.0). Retrieved 20 September 2010, from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/2070.0Main%20Features12006?opendocument&tabname=Summary&prodno=2070.0&issue=2006&num=&view=

Ahern, N., Berk, P., & Byers, J. (2008). Resilience and coping strategies in adolescents. *Paediatric Nursing, 20*, 32 -36.

Cameron, P., & Cameron, K. (1996). Homosexual parents. *Adolescence, 31*, 757-768.

Chesir-Teran, D. (2003). Conceptualizing and assessing heterosexism in high schools: A setting-level approach. *American Journal of Community Psychology, 31*, 267-279.

Christiansen, J., Christiansen, J. L., & Howard, M. (1997). Using protective factors to enhance resilience and school success for at-risk students. *Intervention in School and Clinic, 33*, 86-89.

Cohen, L., Pooley, J. A., Harms, C., & Ferguson, C. (2009). *Report on the resilience stories as told by clients of CLAN WA.* Perth, WA: Edith Cowan University.

Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality, 7*(2), 31-43.

Connolly, C. (2005). A qualitative exploration of resilience in long-term lesbian couples. *The Family Journal, 13,* 266-280.

Dilworth-Anderson, P., Burton, L., & Boulin -Johnson, L. (1993). Reframing theories for understanding race, ethnicity, and families. In W. Doherty, P. Boss, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp 627-646), New York: Plenum Press.

Earvolino-Ramirez, M. (2007), Resilience: A concept analysis. *Nursing Forum, 42*, 73–82.

Editors of the *Harvard Law Review.* (1990). *Sexual orientation and the law.* Cambridge, MA: Harvard University Press.

Fredriksen-Goldsen, K., & Erera, P. (2004). Lesbian-headed stepfamilies. *Journal of Human Behavior in the Social Environment, 8*, 171-187.

Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction.* London: Longman.

Golding, A. C. (2006). Redefining the nuclear family: An exploration of resiliency in lesbian parents. *Journal of Feminist Family Therapy, 18*(1), 35-65.

Gray, S. (2010, August 9). Gay marriage 'like child abuse'. *News Mail.* Retrieved from http://www.news-mail.com.au/story/2010/08/09/im-not-homophobic-senate-candidate.

Green, R. (1982). The best interest of the child with the lesbian mother. *Bulletin of the American Academy of Psychiatry and Law, 10*, 7-15.

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1), 1-26.

Harris, M., & Turner, P. (1986). Gay and lesbian parents. *Journal of Homosexuality, 12*, 101-112.

Hect, M.L., & Ribeau, S. (1987). Afro-American labels and communication effectiveness. *Journal of Language and Social Psychology, 6,* 319-326.

Hequembourg, A. (2004). Unscripted motherhood: Lesbian mothers negotiating incompletely institutionalised family relationships. *Journal of Social and Personal Relationships, 21*, 739-762.

Kirkpatrick, M. (1987). Clinical impressions of lesbian mother studies. *Journal of Homosexuality, 14*, 201-211.

Lambert, S. (2005). Gay and lesbian families: What we know and where to go from here. *The Family Journal, 13*, 43-51.

Leipold, B., & Greve, W. (2009). Resilience. A conceptual bridge between coping and development. *European Psychologist, 14*, 40-50.

Liamputtong, P., & Ezzy, D. (2007). *Qualitative research methods* (2nd ed.). Oxford: New York.

Litovich, M., & Langhout, R. (2004). Framing hereosexism in lesbian families: A preliminary examination of resilient coping. *Journal of Community*

and Applied Social Psychology, 14, 411-435.

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.

Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56,* 227-238.

MaCallum, F., & Golombok, S. (2004). Children raised in fatherless families from infancy: A follow-up of children of lesbian and single heterosexual mothers at early adolescence. *Journal of Child Psychology and Psychiatry, 45*(8), 1407-1419.

McCubbin, H., McCubbin, M., Thompson, A., & Thompson, E. (1995). Resiliency in ethnic families: A conceptual model for predicting family adjustment and adaptation. In H. McCubbin, E. Thompson, A. Thompson & J. Fromer (Eds). *Resiliency in ethnic minority families: Native and immigrant American families* (pp. 3-48). Madison: University of Wisconsin Press.

Milbank, J. (2003). From here to maternity: A review of the research on lesbian and gay families. *Australian Journal of Social Issues, 38,* 541-600.

Mishler, E. G. (1991). Language, meaning, and narrative analysis. In E. G. Mishler (Ed.), *Research interviewing: Context and narrative* (pp. 66-143). Cambridge: Harvard University Press.

Negy, C., & McKinny, C. (2006). Application of feminist therapy. Promoting resiliency among lesbian and gay families. *Journal of Feminist Family Therapy, 18*, 67-83.

Oswald, R. (2002). Resilience within the family network of lesbians and gay men: Intentionality and Redefinition. *Journal of Marriage and Family, 64*, 374-383.

Patterson, C. (1992). Children of lesbian and

gay parents. *Child Development, 63,* 1025-1042.

Patterson, C. (2005). *Lesbian and gay parenting*. Washington DC: American Psychiatric Association.

Pooley, J. A., & Cohen, L. (2010). Resilience: A definition in context. *Australian Community Psychologist, 22,* 30-37.

Reimann, R. (1997). Does biology matter? Lesbian couples' transition to parenthood and their division of labor. *Qualitative Sociology, 20*, 153-185.

Richardson, G. E. *(*2002*).* The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58,* 30-321.

Richters, J., & Martinez, P. (1993). Violent communities, family choices, and children's chances: An algorithm for improving the odds. *Development and Psychopathology, 5*, 609-627.

Rekers, G., & Kilgus, M. (2002). Studies of homosexual parenting: A critical review. *Regent University Law Review, 14*, 343-384.

Robitaille, C. & Saint-Jacques, M.-C. (2009). Social stigma and the situation of young people in lesbian and gay stepfamilies. *Journal of Homosexuality, 56,* 421- 442.

Rohrbaugh, J. B. (1988). Choosing children: Psychological issues in lesbian parenting. *Women & Therapy, 8*(1), 51-64.

Rostosky, S., Korfhage, B., Duhigg, J., Stern, A., Bennett, L. & Riggle, E. (2004). Same-sex couple perceptions of family support: A consensual qualitative study. *Family Process, 43*, 43-57.

Ryan, M., & Berkowitz, D. (2009). Constructing gay and lesbian families "beyond the closet." *Qualitative Sociology, 32*, 153-172.

Simon, J., Murphy, J., & Smith, S. (2005). Understanding and fostering family resilience. *The Family Journal, 13,* 427-436.

Stiers, G. (1999). *From this day forward: Commitment, marriage, and family in lesbian and gay communities*. New York: St. Martin's Press.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.

Walsh, F. (1998). *Strengthening family resiliency*. New York: Guildford.

Wertz, F. J. (2005). Phenomenological research methods for counselling psychology. *Journal   of Counselling Psychology, 52* (2), 167-177.

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