Divorce: Psychosocial Effects on Children

What We Know

› In the United States nearly 50% of all marriages end within 15 years and 75% of children born into families with both parents present will see their parents’ relationship end in the course of their lifetime(1,6)
  • According to the U.S. Centers for Disease Control and Prevention, 813,862 divorces and annulments took place in 2014 in the United States, a rate of 3.2 per 1,000 individuals(2)
  • In 2013 in the United States, the percentage of households with children under 18 in which both biological parents also lived varied from 57% (Utah) to 32% (Mississippi)(17)
› A great deal of variability exists in a child’s ability to adjust successfully to the divorce of his or her parents(1,18)
  • Some children adjust quickly to divorce and experience few psychosocial problems, whereas others may experience negative consequences that persist into adulthood(1)
  • Divorce affects children differently depending on their developmental level(4)
    • If a child is an infant when his or her parents divorce, there is little psychosocial impact on the child as long as the child’s basic needs are being met(4)
    • Children between the ages of 1 and 6 may blame themselves for the divorce and experience regressive behaviors, sleep disturbances, or anger and aggression(4)
    • Children between the ages of 3 and 6 may also experience enuresis or encopresis and fears of abandonment(4)
    • Younger children may experience higher levels of separation anxiety when faced with continuing conflict between parents(18)
    • School-aged children may feel responsible for the divorce, experience conflicts of loyalty to parents, and experience depression, anger, and/or declining academic performance(4)
    • Teenagers may engage in self-destructive behaviors and substance abuse, have poor school performance, experience depression and anger, and worry about their own ability to maintain long-term relationships as adults(4)
› Declines in household income, parents who experience psychological problems, ineffective parenting skills, conflict between parents, and loss of contact with the noncustodial parent all contribute to lower levels of child well-being during and following divorce(1)
› Parental conflict is more predictive of child maladjustment than the type of custody or living arrangements for the child post-divorce(3)
  • When children are exposed to high levels of conflict between parents, they are at an increased risk for serious emotional, behavioral, and academic problems(2,3)
  • Children of high-conflict divorce often experience divided loyalties between the two parents(3)
  • When high levels of parental conflict are present prior to divorce, children tend to show little change or even improvements in psychosocial functioning following divorce,
whereas children who experience their parents’ marriage as relatively low in conflict show declines in well-being following divorce\(^{(1,4)}\)

- High-quality, nurturing relationships with one or both parents can buffer the negative psychosocial effects of divorce that children may experience\(^{(2,16)}\)
  - Children who have high-quality relationships with their mothers have better coping skills than those with poor-quality relationships with their mothers\(^{(16)}\)
  - Maintaining high-quality relationships with both parents following divorce is important to overall child well-being\(^{(12)}\)
  - When children perceive in childhood that one or both parents are uninvolved and un-nurturing they experience lower levels of self-esteem, life satisfaction, and friendship quality and higher levels of distress and relationship problems\(^{(2)}\)
    - After divorce children are likely to have a weaker relationship with one parent, as ongoing regular contact by the noncustodial parent tends to decrease over time\(^{(2)}\)
    - Post-divorce arrangements that marginalize one parent from the child’s life decrease that parent’s ability to be involved and nurturing\(^{(2)}\)

- For some individuals the effects of parental divorce can persist into adulthood\(^{(4,15)}\)
  - Adults whose parents divorced when they were children experience higher levels of depression and experience lower levels of family support during midlife compared to those whose parents remained married\(^{(15)}\)
  - Women with divorced parents have a higher likelihood of attempting suicide than their male counterparts\(^{(11)}\)
  - Adults whose parents divorced when they were children are at increased risk for lower educational achievement and lower income and are more likely to experience divorce themselves\(^{(2)}\)

- Children’s psychosocial adjustment to divorce can be improved through the use of parenting programs\(^{(16)}\)
  - Family transitions triple P (FTTP) is an effective evidence-based practice that has been shown to reduce child behavior problems and improve parenting skills of newly divorced parents\(^{(14)}\)
    - FTTP consists of 12 group sessions for parents that focus on the development of strategies designed to enhance child development, manage child behavior, and develop conflict-resolution skills\(^{(14)}\)
  - Parent child relational therapy (PCRT) has been found to be effective in improving the relationship between divorced parents and their children\(^{(8)}\)
    - PCRT is an evidence-based practice model that consists of 10 parent-training sessions in which parents learn to use play-therapy techniques to develop their ability to play with and respond positively to their child\(^{(8)}\)
    - PCRT is designed for parents of children between the ages of 3 and 10\(^{(8)}\)

- Short-term, school-based group interventions with children show modest effectiveness in helping children cope with divorce\(^{(13)}\)

\section*{What We Can Do}

- Learn about the psychosocial effects of divorce on children so you can accurately assess your clients’ individual characteristics and mental health education needs; share this information with your colleagues
- Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client\(^{(5,10,20)}\)
- Practice with awareness of and adherence to the NASW Code of Ethics core values of service, social justice, dignity, and worth of the person, importance of human relationships, integrity, and competence. Become knowledgeable of the NASW ethical standards as they apply to child welfare, and practice accordingly
- Use evidence-based parenting programs to assist parents in developing nurturing and supportive relationships with their children
- Teach conflict-resolution skills to high-conflict divorcing or divorced couples. Explain the negative impact that high-conflict divorce can have on child well-being
- Support and encourage the involvement of both parents in the child’s life post-divorce\(^{(19)}\)
  - The social worker can promote positive parent–child relationships by encouraging the father to hold, cuddle, and talk to his child to help establish a bond and increase engagement, and by encouraging the mother to support the father’s involvement and reduce the gatekeeping that can keep fathers disengaged following divorce
- Assess adult children of divorced parents for depression and suicidality. Develop safety plans as indicated
› Develop an in-depth understanding of child development and the impact that the child’s developmental stage has on his or her experience of divorce

Coding Matrix

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<thead>
<tr>
<th>M</th>
<th>Published meta-analysis</th>
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<tbody>
<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
</tr>
<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
</tr>
<tr>
<td>C</td>
<td>Case histories, case studies</td>
</tr>
<tr>
<td>G</td>
<td>Published guidelines</td>
</tr>
</tbody>
</table>

References


18. Weir, K. S. (2006). Clinical advice to courts on children’s contact with their parents following parental separation... including commentary by Sturge, C. *Child and Adolescent Mental Health*, (G)
