Parental divorce or separation and children's mental health

An increasing number of children across the world experience family instability due to divorce/separation and the consequences of non-marital childbearing/cohabitation[1].

Alternatives to stable marriage are most common in Western countries (including Australia and New Zealand) and less common but growing in industrializing Asia. Cohabitation, which is more unstable than marriage, is especially common in Northern and Western Europe, necessarily lowering rates of divorce but not of single-parent households.

The US has been a "leader" in family change with an early (rising in the late 1960s) and high increase in divorce, followed by an explosion in non-marital birth with or without cohabitation. Divorce increased in most other Western nations a decade or two later; industrializing Asia appears to be in the midst of change. Today, only about 60% of US children live with their married, biological parents, a low second only to Latvia.

Some call family instability a major public health problem for children; others see divorce/separation as relatively innocuous, even a positive change, especially for women in unhappy marriages or children exposed to high conflict.

Research has documented that parental divorce/separation is associated with an increased risk for child and adolescent adjustment problems, including academic difficulties (e.g., lower grades and school dropout), disruptive behaviors (e.g., conduct and substance use problems), and depressed mood[2].

Offspring of divorced/separated parents are also more likely to engage in risky sexual behavior, live in poverty, and experience their own family instability. Risk typically increases by a factor between 1.5 and 2.

Still, most children whose parents divorce are resilient and exhibit no obvious psychological problems. It is important to recognize, however, that even resilient young people from divorced families often report painful feelings or encounters, such as worrying about events like graduations or weddings when both parents will be present[3].

Many associated risk factors – for example, lower income and parent conflict – are linked with non-random selection into family stability and/or are consequences of family break-up. To help rule out potential confounds, researchers have used a variety of methods, including measuring covariates and employing designs, such as children-of-twin studies, that account for unmeasured environmental and genetic factors that could influence both generations[2,4]. Controls for such confounds reduce but do not eliminate the risk tied to parental divorce, consistent with causal inference.

A wealth of research also points to factors mediating the association, including less effective parenting, interparental conflict, economic struggles, and limited contact with one parent, typically the father (listed in decreasing order of the magnitude of their relation with children's mental health)[5]. Marital instability presents not a single risk factor, but a cascade of sequelae for children.

Individual, family, ethnic and cultural factors moderate the risks associated with changes in children's family life, underscoring the importance of recognizing family diversity. In the US, for example, parental separation is associated with more socioemotional problems among white children than black or Hispanic children[2]. Acceptance of alternatives to marriage and extended family support contribute to such ethnic variation.

Understanding family change and its consequences is critical to health care professionals across numerous settings. Physicians treating children may observe warning signs, be asked to help children cope with family transitions, or face parental disputes about a child's well-being or needed treatment. Schools encounter similar opportunities and difficulties.

Children and adult offspring of separated parents are over-represented in the mental health system. Most mental health interventions target the known mediators of risk, such as parenting problems or family conflict. Structured interventions offering parenting support and education have been shown to reduce children's psychological problems[6]. Unfortunately, few mental health interventions for divorcing families have been carefully studied.

Separation/divorce also raises legal concerns bearing on the well-being and custody of children. The "best interests of children" is the prevailing custody standard, and "best" typically is interpreted in psychological terms (as opposed to, for example, economic ones). Mental health professionals and others may become involved, willingly or unwillingly, as expert witnesses in custody contests. Alternatively, some professionals promote or offer alternative dispute resolution, such as mediation.

Mediators are neutral third parties who help parents living apart to resolve disputes themselves. In addition to dispute settlement, mediation potentially benefits children by lowering conflict, improving parenting, and encouraging both parents to remain an active presence in their children's lives. One randomized trial with a 12-year follow-up demonstrated that mediation produced all of these outcomes relative to litigation[5,7]. Another randomized study found that carefully involving children in the process improved the success of mediation[7].

While initial results are promising, mediation and many other legal and mental health interventions demand rigorous study, as well-intentioned services may have no effect or may even be harmful for some individuals, while wasting limited resources[8].

Mental health professionals also can play a critical role in advising parents, and perhaps in the development of law and policy. One controversial issue is how strongly, and under what circumstances, to promote joint physical custody, sharing 25-50% parenting time[9]. Joint legal custody, which involves legally sharing important decisions, including elective medical care, is becoming ubiquitous. It has increased in the US and in many Western countries, but still typically comprises a minority of separated families (from 15 to 50% across countries)[9].

Fathers groups are currently advocating for a universal 50/50 shared time presumption.

While such agreements may benefit numerous families, many experts, including ourselves, worry that such a presumption may offer the "right" solution for the wrong group of parents: the 10% or fewer who contest custody in court[5]. Other concerns we share include avoiding extensive time away from attachment figures among very young children, avoiding placing excessive travel demands on children in order to share parenting time across long distances, whether shared time needs to be precisely 50/50, and if some child mental health problems (e.g., autism spectrum) or personality (e.g., high conscientiousness) make shared custody less likely to work[5].

There is, therefore, a critical need for studies on interventions, including policy changes, that consider the risks, role of resiliency, and heterogeneity in the consequences associated with family instability.

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Resilience from a developmental systems perspective

Interest in human resilience is surging in the context of natural disasters, war, political conflict, and increasing awareness regarding possible consequences of adversity in childhood for health and well-being in adulthood[1,2]. Although resilience science is not new, current research is more multidisciplinary, multilevel and developmental than ever before, reflecting a developmental systems perspective with profound implications for defining and investigating resilience, as well as for translating evidence into practice[3].

Resilience science emerged from research on etiology of mental disorders[1]. Investigators studying children at risk for psychopathology observed striking variation in outcome, as many individuals with risk factors for mental health problems (e.g., maltreatment, poverty) nonetheless developed well. Resilience research aims to understand this variation in order to inform interventions that mitigate risk and promote positive development.

Models of resilience shifted with the infusion of dynamic systems theory into developmental science[4]. As a living system, a human individual develops through myriad interactions at many levels, from genetic and neurobiological to social and cultural[5,6]. Adaptive systems develop within the person (e.g., immune system, stress-regulation system, self-regulation system) as the individual, embedded in larger systems, adapts simultaneously to external contexts. All these dynamic interactions shape development, yielding diverse pathways of adaptive function[3].

The capacity of a developing child to respond to challenges and adversities depends on the operation of many systems, varying from neurobiological stress-regulation systems to families, schools, community safety and health care systems, and numerous other sociocultural and ecological systems. Resilience reflects resources and processes that can be applied to restore equilibrium, counter challenges, or transform the organism.

Definitions of resilience evolved to reflect insights on developing systems. Currently, resilience can be defined broadly as "the capacity of a system to adapt successfully to disturbances that threaten the viability, function, or development of the system"[1]. This definition can be applied to diverse systems, including individuals, families, businesses, communities, economies, or ecosystems. It has the advantage of scalability across system levels, which is increasingly crucial for integrating concepts and knowledge about human resilience across disciplines and levels of analysis.

As this definition suggests, the resilience of an individual depends on resilience of interconnected systems. Systems interdependence is salient in major disasters, when multiple systems are overwhelmed at the same time, and also in family-level crises, when disturbances in the mental health of a caregiver can disrupt the quality of care or lead to child maltreatment[7]. It is important to remember that resilience of an individual is not limited to the capacity that person can muster alone. Indeed, much of human resilience is embedded in relationships and social support[8].

Accumulating evidence on resilience has identified a number of factors that could explain why some individuals fare so much better than others. Some factors are common, associated with positive adjustment during or following different adverse experiences, although they vary in form and relevance across development and context. Such factors may well reflect adaptive systems preserved by human evolution, biological and sociocultural, because they enhance survival[1]. Common protective factors include effective caregiving and other supportive relationships, problem-solving and self-regulation skills, self-efficacy and optimism, and beliefs that life has meaning[3]. Identified early in resilience studies, common factors were