

**Mental Health Of Children From Divided Families**

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*Abstract*

Most divorce literature found negative effects for children, yet recent research implies psychosocial-economic determinants are more problematic for the development of mental illness, with positive outcomes for some children. Unmarried unions are excluded from past research, and Northern rural issues are absent from the limited Canadian studies. This study combines quantitative and qualitative approaches in the content analysis of case files at a children's mental health centre in Northern British Columbia. Basic descriptors were identified and tested for significant associations, and common themes were identified among the files of the sub-group of children from separated parents.

A high prevalence of children from separated parents was found, yet adjustment was the only mental health problem significantly associated with this group, with few gender differences. Single mother households and blended families, experiencing multiple stressors, were common. This study has implications for social work practice and policy, as well as future research opportunities.

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## INTRODUCTION

Marital separation and divorce have become common occurrences and children often experience the impact. The Divorce Act of 1968, and changes to the Act in 1985, which made divorces more accessible (Statistics Canada, 2003), brought rising divorce rates. Although divorce rates have fluctuated, and the numbers are lower than they once were, divorce continues to occur in high numbers every year. Statistics Canada (2000a, 2000b, & 2002a) report the number of divorces in Canada in 1989 to be at 80,998, while in 2002 the number was at 71,144. As there are also fewer marriages taking place (Statistics Canada, 2004) divorce statistics may not accurately capture the numbers of children that are caught in the middle of these relationship breakdowns. Family structure continues to change, with single parenting, shared parenting, blended and common-law families, gay couples, fathers obtaining custody, and relatives providing care to children. A significant amount of research has explored the subject of divorce, from traditional nuclear families, and its effects on children.

Leading divorce researchers, such as Judith Wallerstein (1989; 2004; 2005), have explored the impact of divorce on children. Wallerstein's 25-year study, that found negative effects on children, has been substantiated by several other researchers such as Amato and Cheadle (2005), Black and Stevenson (1995), Hetherington and Kelly (2002), Spigelman and Spigelman (1991), and several others. These researchers, and others, have made significant contributions to the understanding of the impacts of divorce on children, such as increased anxiety, depression, behaviour problems, and antisocial behaviour. Strohschein (2005) found higher levels of depression and anti-social behaviour in children from divided families than for children in intact families. Gordon (2005) argues that previous research

portrays divorce rather pessimistically, while some children fare better if the separation was from “a toxic family system” (p. 451). Researchers have explored this subject from different angles and with various methods and have discovered that other psychosocial-economic determinants may have more of a negative impact on the children’s mental health than family structure alone (Adams & Coltrane, 2003; Cherlin & Furstenberg, 1991) and there may be some positive outcomes of divorce for some children (Black & Stevenson, 1995; Hetherington & Stanley-Hagan, 1999). Several researchers and authors agree that support to children and parents experiencing separation and divorce can help reduce the risks for children and several interventions have been developed to help families through this process (Benedek & Brown, 1998; Department of Justice, 2004; Gilman, 2005; Grych & Finchman, 1992; Hett, Spring, & Shannon, 1999; Hodges, 1991; Ministry of Attorney General, 2003; Taylor, 2004).

The purpose of this thesis research is to understand the impact of parental separation on children’s mental health in a Northern rural community, and to gain some clarity about the psychosocial-economic circumstances of these families. While little of the available research is Canadian based, it is possible that Canadian experiences are not greatly different (Department of Justice, 1997). However, there are no published studies that explore this subject from a Northern rural perspective. There was an outward appearance of greater numbers of divided families accessing services yet the issue of parental separation remained relatively untouched, with no accessible services devoted to this issue for families in the Quesnel community. Determining whether parental separation is negatively impacting children’s mental health, and what other factors may be involved, could have implications for collaborative prevention and early intervention community development initiatives.

The approach to this research was to use a content analysis method to explore the case files of children from divided families who accessed mental health services during a one-year period. As much of the literature indicates negative effects on children's mental health, mental health case files provided a good starting point to explore this subject. A content analysis of relatively comprehensive file information is a non-intrusive, efficient method of gathering a significant amount of data. Both quantitative and qualitative analysis approaches were utilized in this two-part study. A quantitative analysis of 189 consecutive referrals that were received in a Child and Youth Mental Health center was conducted first. The prevalence of children from separated parents as well as those who obtained legal divorces was obtained. With basic descriptive information about the children, cross-tabulations, correlations, and Chi-square tests were conducted in order to identify significant associations among the variables. Part two of the study explored the case file information of children who were identified to have experienced parental separation at some point, and who had a file opened to provide services to them. This exploration looked for common psychosocial-economic themes among the families, including possible indicators of resilience in the children and gender differences among them.

With feminism and social-construction perspectives as the underlying theoretical background, other theoretical perspectives that influenced this research included socio-psychological theory, developmental, and attachment perspectives. While these theories help explain the effects of parental separation on children from this researcher's perspective, other theories may provide further understanding of this complex phenomenon. The results of this study build on existing research findings in that there was a higher prevalence of children from divided families accessing mental health services. However, multiple

psychosocial-economic stressors were present for the majority of these families; with some stressors already present pre-separation, for many. This made it difficult to discern whether the separation or other factors influenced the development of mental health problems for the children. There is evidence in the literature that suggests a domino effect of a series of ongoing events and stressors that impact these families significantly after separation and divorce (Black & Stevenson, 1995). Limitations of this study and recommendations for further research are provided in the discussion of the research results.

## CHAPTER ONE

### Literature Review

When parents end their couple relationship, this separation or divorce causes emotional reaction for children of these divided families. Separation, divorce, and divided families are used interchangeably to describe this experience that has become common for many children. Although most children will have some emotional reaction and adjustments to make, most research on the subject concludes that there is a greater incidence of mental health problems among this group of children. A vast amount of research has explored the effects of divorce on children, although little of that research is Canadian based, with no published studies conducted in Northern communities. There are some contradictions and inconsistencies found within the literature on the effects of divorce. Much of the literature highlights the problems within a deficit approach, while other researchers argue that divorce does not negatively impact all children who have this experience. They argue that the mental health problems experienced by children are not necessarily the result of the divorce itself, but are rather a result of the interaction of complex psychosocial-economic factors. These factors are now thought to have a greater influence on children's mental health than a change in family structure. Some children are found to be quite resilient and some children may experience various positive outcomes. Recommendations have been made for parents and service providers to help minimize possible negative impacts and to help children to adjust through the divorce process. Social work practice in Northern rural communities poses challenges that are not typically experienced by urban practitioners. These environmental issues should be considered when planning services for children and families that are struggling to adjust to separation and divorce.

*Quesnel and Northern rural and remote issues*

According to the Public Health Agency of Canada (2002), one of the definitions of a rural community is the “census rural area” definition which considers rural to be “outside places of 1,000 people or more OR outside places with densities of 400 or more people per square kilometer.” Remote communities are those described by the Ministry of Health (2002) as those that are a long distance “from a tertiary care centre” (p.25). Rural remote is described by the Rural Committee of the Canadian Association of Emergency Physicians, and reported by the Ministry of Health, as being 80-400 Km or about one to four hours transport in good weather from a major regional hospital” (p. 26) and rural isolated is greater than 400 Km or about four hours transport in good weather from a major regional hospital” (p. 26).

There are some unique geographical characteristics of Northern rural and remote communities that impact the people who live here. There are long distances between many communities in Northern British Columbia with vast uninhabited areas that span over half the province. Some of the most remote communities are difficult to access by surface transportation, especially for First Nations people who live on reserves (Collier, 1993). Collier indicates that many rural remote communities are fairly isolated from the more industrial urban centres. Social work in Northern rural communities presents many unique challenges for practitioners. These communities tend to have histories of exploitation and oppression, particularly for First Nations and other ethnic groups (Brownlee, et al., 1996). It is important to be aware of the history of an area and be sensitive to the experiences, values, and beliefs of the people. There can be conflicts in values between citizens and practitioners who might have come from an urban centre, such as the issue of gun control. With Northern

communities being surrounded by forests and wildlife, hunting and fishing are a way of life for many residents. Some remote communities have depended on these activities as a source of sustenance and a means of earning a living (Collier, 1993). Other issues unique to rural communities include a lack of training opportunities, supervision, and collegial support to increase and maintain competencies. Because rural communities are smaller and have fairly close-knit relationships, dual relationships can raise ethical issues of protecting confidentiality, since merely being seen talking to a social worker in a local store can lead to rumors for the consumer. Rural life may pose even further challenges for children of divorce, although no literature specific to this issue has been found thus far.

The Ministerial Advisory Council on Rural Health (2005) indicates that there are shortages of mental health practitioners, social workers, and other health care providers in rural areas. The Ministry of Health (2002) recognizes these challenges and has been actively working to increase the accessibility of services to people in Northern rural and remote areas, such as outreach services and video-conferencing for specialized consults. Another challenge posed by the Ministerial Council on Rural Health is that “rural areas tend to have higher unemployment rates than urban centres” (p. 11).

The 2001 population of Quesnel was 10,920 with a population density of 284.2 persons per square kilometer. When considering the people who live in Quesnel’s outlying areas that are serviced by Quesnel, which was at 27,660 in 2001, the population density was only 1.1 persons per square kilometer (Quesnel Community and Economic Development Corporation, 2005). Quesnel is a major through-route to the West Coast, Alaska, Dawson City, and Jasper, and it is 660 kilometers North of Vancouver and 118 kilometers South of Prince George (Quesnel Community and Economic Development Corporation, 2005).





There were 1,225 single parent families in 2001, 4,865 married couples, and 940 common-law couple families. Within this multi-cultural community, the Aboriginal population is the largest ethno-cultural group, with four First Nations bands in the area and approximately 70% of the 2,140 members living on reserve.

#### *Divorce rates*

Parental separation or divorce is thought to negatively impact children's mental health. Divorce is defined in the Social Work Dictionary as "the legal dissolution of a marriage" (Barker, 2003, p. 126), while marriage is defined as "a legally and socially sanctioned union between two people resulting in mutual obligations and rights" (p. 236). Mental health is defined in the Social Work Dictionary as "the relative state of emotional well-being, freedom from incapacitating conflicts, and the consistent ability to make and carry out rational decisions and cope with environmental stresses and internal pressures" (p. 269). Separation is defined in the Social Work Dictionary as "the breaking off of a tie or relationship" (p. 391). Statistics on divorce exclude separations of relationships that never resulted in formal marriages.

Prior to the 1960s divorce in Canada was not as socially acceptable and it was hard to obtain, therefore the divorce rate was rather low (Statistics Canada, 2000a). The Divorce Act of 1968 required at least one of several marital offences to have been committed, while changes to the Act in 1985 required the only grounds for divorce to be marital breakdown evidenced by separation for at least one year, physical or mental cruelty, or adultery (Statistics Canada, 2003). Further changes to the Act in 1986 led to a peak divorce rate in 1987 with approximately 96,000 Canadian divorces (Statistics Canada, 2004). The Statistics Canada report (2004) indicates a fall in the divorce rate in some provinces between 2000 and

2002, while rising by 1.1% in British Columbia (BC) during that time. There were 70,155 divorces in Canada, while the BC number was 10,125. The same report states that there were also fewer marriages in Canada throughout the 1990s. Religious and cultural attitudes about divorce may vary yet there appears to be more tolerance and acceptance of divorce than there once was.

### *Custody and Access*

Custody of children is defined in the Social Work Dictionary as “a legal determination in divorce cases specifying which parent or other guardian will be in charge of the children” (Barker, 2003). Amber (cited in Strohschein, 2005) and Statistics Canada (2005) report that almost one in two divorces in Canada involved dependent children. Haveman and Wolfe (cited in Hett, 1997) estimate that only 40% of Canadian children live in non-traditional nuclear families. Women generally obtain custody of the children, but various other custody arrangements have emerged. Statistics Canada (2004) reports that in 2002, where custody was decided through the courts, parents were awarded joint custody of 41.8% of dependents, the mother was awarded 49.5% (a decrease from 75.8% in 1988), and 8.5% of fathers obtained sole custody (a decrease from 9.1% in 1986). Other forms of custody, such as arrangements that include other relatives or foster care, are not available for this report. One study reports that statistics of family demographics can be skewed when children live in both parents’ homes part of the time (Lin, Schaffer, & Seltzer, 2004), and each parent reports differences about parent-child relationship specifics and significant family events.

Custody and access disputes are often thought to result in an adversarial approach that may place additional stress upon parents and children. Although frequent access with the non-custodial parent is considered to be in the child’s best interest, such visitation does not

always occur on a regular and frequent basis. Braver (cited in Kelly, 2000) and Turkat (1994) indicate some interference in access visits by the custodial parent, usually mothers since they most often have custody of children, although the authors do not include information about possible reasons for such interference. Turkat cites surveys by Arditti and Kressel, and a 1994 Children's Rights Council report, when reporting access interference for approximately six million children, with half of the fathers interviewed reporting interference by their ex-spouse, and 40% of custodial mothers admitted to interference in order to punish her ex-husband. Without specifics about research methodology and sample population in these studies, the results can not be generalized to the broader public. Kin and Heard (cited in Kelly, 2000) found, in their large study, that custodial mothers preferred a higher level of father involvement. Ideally the residential parent would encourage frequent contact with the non-residential parent, unless the non-residential parent poses a risk to the child's safety and well-being. At least three forms of interference have been identified, including acute interference, maliciousness, and parental alienation syndrome (Turkat, 1994). Acute interference refers to access being denied either verbally or through actions, such as being away from the home when the child is scheduled to be picked up. Parental alienation syndrome is a theory developed by Richard Gardner to explain the manipulation of a child by a parent in an attempt to put the child against the other parent when he or she is unable to tolerate separation from the child, and usually when there is high parental-conflict (Lund, 1995; Cooke, 1995; Turkat, 1994; Cartwright, 1993). Gardner (cited in Turkat, 1994) indicates that a parent may directly or subtly try to put the child against the other parent through various methods such as unconscious programming, or "brainwashing" as described by Bone and Walsh (1997). Turkat indicates that one parent might accuse the other parent of

immoral behavior, or of not paying enough child support thereby placing undue hardship on the child, or making other critical remarks about the other parent. Acting neutral and suggesting that visits are the child's decision might be a subtle form of parental alienation. The parent-child bond between the child and the residential parent may leave the child with a fear of abandoning the residential parent. If the child, or a child's sibling, is punished in some manner for expressing caring feelings towards one parent, the child may learn to suppress these feelings or side with the residential parent against the other parent.

Boszormenyi-Nagy and Spark (as cited in Spigelman and Spigelman, 1991) indicate that children may experience conflict in loyalties that cause distress and feelings of guilt. One scenario of parental alienation syndrome might be where a father separates from a depressed, low functioning mother and the child becomes susceptible to perceiving the father as having abandoned the family, thereby rejecting him. Parental alienation is not always transparent and both parents can contribute to the problem. Gardner (1998) explains that parental alienation syndrome does not refer to alienation from an abusive parent, but the child is alienated from a loving parent who may only have "minor weaknesses and deficiencies" (p. 2). These minor weaknesses may become exaggerated by the alienating parent, which influences the child's hostility toward the alienated parent. Cooke (1995) explains that when divorce alienates a parent from the life he or she knew, that parent can become alienating. Weir and Sturge (2006) inform that courts are interested in clinical recommendations that may reduce the risk of alienation. Vestal (1999) warns that mediators need a range of knowledge and skills about mental health, legal issues, and mediation skills when assisting separating parents.

The lengthy adversarial approach to court proceedings can cause a great deal of stress for children, with one study, by Saayman and Saayman (cited in the Department of Justice, 1997), finding a high proportion of children with psychological problems following such proceedings. They argue for the use of divorce mediation. However, the Department of Justice (1997) cites Duryee's (1991) concern that although mediation may attempt to encourage co-operation between parents and some women are in favor of it, it is not appropriate for women coming out of a controlling and/or abusive relationship where there is an unequal power distribution. In any relationship, some women may feel pressure to disregard some of their legal rights when in a mediation situation. One study found mothers with more psychological symptoms to be less inclined to hire a lawyer, and mother's with no lawyer were linked to increased mental health problems for children (Pruett, Williams, Insabella, & Little, 2003). Pruett, et al., suggest that lawyers may help to reduce parental stress. Parenting plans, where parents document access and visitation specifics, and how decisions will be made, are intended to encourage shared cooperative parenting (Department of Justice, 1997). However, Ellis (cited in the Department of Justice, 1997) found little evidence to indicate less conflict between parents in shared parenting situations or that the focus was on the children's needs. An article published by the Children's Rights Council in the United States (2005), quotes several researchers who suggest that joint custody arrangements result in fewer adjustment problems than children in the sole custody of one parent. This organization goes as far as to warn of harmful effects of sole custody arrangements. However, a report on The Liz Library website (1998), titled "Debunking the Claims," criticized the Children's Rights Council and other father advocacy groups as having misrepresented the research, and it provides quotes from divorce researchers that

contradict any arguments that may distort the research findings or leave out information that is inconsistent with their goals. There appears to be possible positive and negative effects of sole and joint custody depending on individual and family circumstances. Kline, Tschann, Johnston, and Wallerstein (1989) found children had increased access with both parents in joint custody situations but no evidence of lower rates of adjustment problems than in other sole custody situations. The evidence is not conclusive that one form of custody arrangement is better than another, or that it may even be harmful in some situations.

### *Theoretical Background*

#### *Social construction*

A social constructionist perspective is a subjective approach that assumes circumstances that impact a number of people are not necessarily social problems; it is the collective understanding of the circumstance being problematic that then becomes constructed as a social problem by people making claims that the condition is problematic (Adams & Coltrane, 2003). Adams and Coltrane indicate that people with an interest in a certain issue seek to confirm their standpoint and then promote it as a widespread issue through various means to which others respond. A condition may exist but it is not until the condition is given meaning that it is accepted by many people as problematic, that it becomes a social problem with resulting recommendations for policy and program changes to alleviate the problem. Adams and Coltrane apply this model to the issue of divorce, in that divorce has been constructed as a social problem that portrays children as victims, with some advocates seeking legal and political changes that would reduce the rate of divorce, thereby promoting traditional nuclear family values. With more studies that suggest negative effects for children, a message may come across to parents that they should tolerate problems in the

marriage and stay together for the children's sake. Both Wallerstein and Hetherington are viewed as experts on divorce, although the media refers to Wallerstein more often (Adams & Coltrane, 2003). Adams and Coltrane indicate that Wallerstein is associated with organizations that promote marriage and American values. However, Wallerstein and Lewis (2005) deny these allegations and many researchers substantiate the claims about the effects of divorce upon children, although they point towards other factors mediated by the divorce as causal agents of mental health problems in children.

*Developmental perspectives and age considerations*

Some psychosocial theories of development may help to explain age differences that may be found in children's reactions to parental separation and divorce. Sigmund Freud believed that children's personalities were formed within their first 5 years of life, while Erik Erickson theorizes that people pass through various evolving psychosocial stages of development throughout the life span (Halonen & Santrock, 1997). Erickson emphasized environmental influences on children's development (Helms & Turner, 1991). He theorized that infants developed trust in their caregivers and this helped them to become independent toddlers. Preschool children would develop a sense of responsibility but they could also feel guilt. During elementary school years children's imaginations expand so they are able to increase their knowledge and skills, yet there is a danger that they might feel incompetent. During adolescence children begin to explore different adult roles and paths. Other theories claim that children pass through stages of development with cognitive capacity increasing with maturity. Jean Piaget's cognitive developmental model is characterized by stages of progressive growth (Helms & Turner, 1991). Other theories consider the child's interaction with the environment, biological aspects, and conditioning as impacting their development.

Early attachment issues would be especially important in brain development and socialization for infants (Helms & Turner, 1991), and while attachment considerations continue to be important for preschool children, they may feel confused and responsible for parental separation (Bernard-Bonin, 2000). Bernard-Bonin found children ages 5-7 have more concrete understanding while children over age 9 may “idealize an absent parent” and feel anger at the other parent. With developmental tasks associated with the transition to adulthood, adolescents may suppress their feelings about the separation and respond with maladaptive functioning and/or watch out for parent’s well-being.

Based on theories of child development, the social and cognitive maturity of the child at the time of parental separation will influence how much the child understands what is happening and how they might respond. For instance, because of young children’s limited cognitive capacity and dependence on parents, they may be more confused and then inaccurately evaluate the circumstance, leading to possible self-blame or fears of abandonment (Halonen & Santrock, 1997; Helms & Turner, 1991; Hetherington & Stanley-Hagen, 1995). Wallerstein (cited in the Department of Justice, 1997) found that young children experienced increased adjustment problems initially but were better adjusted as adults. Zill, Morrison, and Coiro (cited in Pruett et al., 2003) found a greater risk of long term adjustment problems. Rogers (2004) cites researchers Wmery (1999), Hetherington (1980), Wallerstein and Blackeslee (1989) as they concur that children under age six are at high risk of developing adjustment and behaviour problems. Infants tend to regress in some behaviours while pre-school children had more problems in social relationships and “separation anxiety,” and school age children presented with sadness, anger, and somatic complaints (Department of Justice, 1997). The Department of Justice reports on studies that



suggest that adolescents exhibited more problems with sexual relations and increased antisocial behavior, yet it was also indicated that if the separation occurred prior to age 6, during youth they tend to have “poorer” relationships with fathers (p. 8). One study found, that in children ages 0-6 who lived with their mothers, parental conflict, mediated by attorney involvement, fathers’ involvement, and parent-child relationships, impacted the effects of separation and divorce in this group of children (Pruett, et al., 2003). It was suggested that adolescents might have problems with “establishing an adult identity, demonstrate anger towards self and others, and experience somatic complaints” (Department of Justice, 1997, p. 9). Wallerstein and Lewis (2005) report that many adolescents resent being forced into locked custody and access schedules that interfere with their social lives, and that they reject the parent when they reach adulthood if they were forced into arrangements against their wishes. Strohschein (2005) found in her study that, despite other researcher’s findings that there were gender and age differences in the mental health effects for children of divorce, both genders are similarly affected, although further research to clarify “age-specific effects” is recommended. The research is inconsistent regarding possible age differences in children and how age might be interrelated with other psychosocial-economic factors that might be involved, yet there is enough evidence that shows age should be considered.

#### *Attachment styles*

Children’s early attachment with primary caregivers influences their understanding of relationships (Bowlby, 1988; Eagan, 2004b; Helms & Turner, 1990) and their relationships with and observations of parents’ relationships influence that understanding. Attachment theory, developed by John Bowlby (1988), has origins in psychoanalytic and object relations

theory where the emphasis is on interpersonal relations, particularly between mother and child. These relationships have an unconscious effect on human development in that instinctual urges and desires activate attachment behaviors, influenced by physiological functions of the central nervous system, such as an infant seeking milk from his/her mother. Attachment is defined in *A Student's Dictionary of Psychology* as a relationship between two people where each person seeks to be close to the other and feels more secure in the other's presence (Hayes & Stratton, 1988). Children's attachment behaviours maintain close proximity to the mother for the purpose of survival and protection from threat of danger. The mother responds to the child's lead by meeting the need, such as when a baby cries and the mother comforts or feeds the baby. The child's resulting positive response to the parent is a reciprocal behaviour that leads to a close emotional bond between child and mother, which provide security for the child. The security creates a secure base from which the child can explore away from the parent yet remain close in the event that protection or comfort is needed. In the early stages children wander only a short distance away from the parent for a short period of time. Marotta (2002) termed parental monitoring, and child cooperation with this monitoring, as an "attachment feedback loop" where parents monitor the child's behaviors to protect them as well as to promote social responsibility. Children reciprocate by cooperating with this monitoring and developing responsibility for their own behaviour. In studies where parental monitoring was lacking, children exhibited increased problem behaviours. Stress also activates the attachment system. When children experience feelings such as fear, anxiety or tiredness, he or she displays attachment behaviour, such as crying. If the mother responds in a caring sensitive manner to this behavior, the child develops trust in the mother and exploration away from mother increases in length and space through

development into adolescence and adulthood. Confidence that the mother can be depended on to be available if needed promotes exploration and healthy development in the child. If any of the stages of attachment are neglected, development of the child may be hampered.

Depending on the child's early experiences, various patterns of attachment behavior develop that determine strategies to deal with stress through life. Rather than human development having fixed stages, as theorized in psychodynamic theory, where a person could regress or repress thoughts and feelings, attachment theory posits that humans have a number of developmental pathways that are equal at the time of conception and can be followed along any number of varying paths depending on upbringing. Secure attachment in the parent-child relationship during early childhood is believed to be critical for mental health development throughout the lifespan (Bowlby, 1988). From Bowlby's research with mainly parents and young children, he theorized that attachment patterns would affect patterns of relationships into adulthood. He found that attachment difficulties could inhibit normal brain development, affecting cognitive and emotional well being that would lead to mental health psychopathology. Beckwith et al., (cited in Sirvanli-Ozen, 2005) in their longitudinal study, found a decreased probability of children of divorced parents developing a secure attachment style and increased chances of "developing preoccupied attachment styles." Sirvanli-Ozen found inconsistent results in the few studies that researched adult intimate attachment styles. Emery (cited in Rogers, 2004) posits that attachment theory would suggest that the disruption of divorce, and the separation from an attachment figure during the preschool years, creates greater problems. Woodward, Fergusson, and Belsky (2000) found that the younger the child was at the time of divorce, the higher the risk of adolescent attachment problems with parents, with little difference found between males and

females. A recent study of 58 preschool children and mother dyads found that parenting style was related to children's attachment security (Murray & Nair, 2005). Cordero (cited in Eagan, 2004b) explains that, when children are exposed to violence between parents, a divorce may positively impact attachment through eliminating the exposure to violence, unless there is continued exposure to volatile custody battles.

#### *Socio-psychological perspective*

Siebel (cited in Eagan, 2004a) suggests that micro and macro socio-psychological factors may influence personality and adult relationship decisions to divorce more so than attachment. Divorce tends to result in other changes, including loss of financial resources, and a possible move to a different residence with changes in school and friends. Children may also experience other stresses, such as different rules and parenting styles in the homes of the custodial and non-custodial parent. Increased divorce rates may reflect relaxed attitudes about divorce after changes to divorce laws resulted in increased divorce rates. Fewer women are financially dependent on men with the increase in women entering the workforce, and this financial independence may influence women's decisions to leave an unhappy marriage. Cultural values may also impact divorce decisions. Siebel (cited in Eagan, 2004a) found in cross-cultural studies that men were more likely than women to maintain traditional family values. Differences in cultural values and beliefs may cause marital problems that lead to divorce in some situations (Eagan, 2004a).

#### *Feminist perspective*

A feminist perspective may help explain some of the effects of divorce. Barker (2003) defines feminism in *The Social Work Dictionary* as "the social movement and doctrine advocating legal and socioeconomic equality for women (p. 161)." The "feminization of

poverty concept” (p. 161) explains how lone mothers, with child care responsibilities, are more vulnerable to poverty. Mothers are awarded custody more often, and with a lack of stability in employment experience, there is increased risk of negative effects upon children of divorce (Department of Justice, 1997). Single mother families have higher rates of poverty. They bear most of the financial cost of raising children while their earning capacity may be limited if they remained at home to raise children (Black & Stevenson, 1995).

Women who remain out of the workforce to care for their family and home tend to be considered lacking in knowledge, skills, and experience by potential employers (Halonen & Santrock, 1997). Without recognized marketable skills and experience, the employment opportunities tend to be limited to low-paying positions. As the custodial parent, a mother continues to be responsible for child and home care, yet she does not have the financial means to afford basic living expenses on low wages, as well as pay for these services. Over one third of single mothers live in poverty, compared to 10% of single fathers (Halonen & Santrock, 1997). McLoyd (cited in Halonen & Santrock, 1997) found that single economically impoverished mothers are more emotionally distressed than affluent mothers thereby decreasing the level of support and nurturance they are able to provide to their children (p.270). Simon (cited in Visser & Visser, 1993) found that persons within the low socio-economic status group remarried to “fill the role of the absent parent” either as a parent or for financial reasons, and the higher socio-economic group remarried for couple satisfaction. There is increased burden of responsibility in single parent households (e.g. assistance with household and child care responsibilities, and emotional support) that is found less often among intact families. Table 1 indicates the most recent statistics available, showing that women continue to earn significantly less than men on average and that more

lone-parent families are headed by women (Statistics Canada, 2002a). Statistics Canada (2002b) reports reasons for a wage gap to include the type and place of employment, and women having less work experience. Women may have less opportunity to gain work experience when they take time out of the workforce to raise children. The Statistics Canada report states that the work experience difference accounted for 10% of an hourly wage gap, and 14% was a result of men and women clustered in different occupations. Infrequent awarding of alimony, poorly enforced child support by fathers, and lack of affordable quality child care are factors that impact women and their children (Halonen & Santrock, 1997, p.270).

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Table 1

*Gender Differences in Income Levels*

Characteristics	Quesnel City Limits Outlying area excluded		British Columbia		Canada	
Population in 2001	10,044		3,907,738		30,007,094	
Lone parent families	Female 470	Male 110	Female 136,455	Male 31,965	Female 1,065,365	Male 245,825
Average earnings for full time, full year in 2000	Female 32,323	Male 52,416	Female 35,895	Male 50,191	Female 34,892	Male 49,224

Statistics Canada. 2002. *2001 Community Profiles*. Released June 27, 2002. Last modified 2005-11-30.

*Methods of past researchers*

Early divorce research generally tried to examine differences between children of divorce and intact families. Sample populations were often Caucasian and middle-class with little examination of cross-cultural, religious, or ethnic differences, or differences in social class (Hetherington & Stanley-Hagan, 1999). Hetherington and Stanley-Hagan suggest

that much of the research was done with children in mother-custody homes, since mothers most often obtain custody, while little research has examined father-custody situations. Research done with families accessing counseling services eliminates others who may be experiencing mental health problems that are not detected. Most studies paint a fairly grim picture of the effects of divorce with little examination of protective factors in children who adjust to divorce without significant problems. The available literature talks about the breakdown of legal marriages between mothers and fathers, and custody types between parents, without much consideration of other possible caregiver and family structure types. Comparative studies often miss the subjective experience of the children or their parents. Cross-sectional studies that examine children's experience at one point in time do not tend to include pre-divorce problems or how children adjusted over time. Although some longitudinal studies documented post-divorce adjustment over time, these studies can be time intensive and costly. Wallerstein's and Blacklee's (1989) longitudinal study was with children of divorce who accessed counseling services, and the comparison with intact families occurred through interviews with adults who were raised in the same area as the children originally studied. Early research focused on the correlation of divorce and negative outcomes of clinical samples of children with mental health problems, which is representative of the extreme cases and therefore can not be generalized (Hetherington & Stanley-Hagan, 1999; Department of Justice, 1997). They were also conducted at a time when divorce was less socially acceptable, which is not necessarily the prevalent attitude of society today. Cross-sectional studies presented an overly pessimistic view since they failed to consider pre-divorce psychosocial factors (Strohschein, 2005), although a shift has occurred where these factors are considered.

### *The effects of divorce on children*

Research on the effects of divorce for children indicate that parental divorce results in greater risk of psychological distress, although there are several inconsistencies and contradictions; while many studies concur that there are negative effects on children's mental health, others find little difference between these children and children from intact families. Other divorce literature suggests that the matter is more complicated, with psycho-social-economic factors playing a significant role in children's adjustment and the development of mental health problems (Black & Stevenson, 1995; Eagan, 2004a; Strohschein, 2005; Visher & Visher, 1993). Some researchers argue that, although children may experience initial adjustment problems they become well-adjusted over time, while other researchers argue that overt and/or covert effects can last through to adulthood. Using a national sample size of 2,819 Canadian children over a four year study period Strohschein's (2005) study found children of divorce experienced more mental health problems than children from intact families. However, Strohschein also found that the problems existed prior to the divorce indicating an association with pre-divorce parental resources, family dynamics, and the divorce process itself. In highly dysfunctional families, Strohschein did not find lower levels of anxiety, so she was unable to corroborate researchers who suggest there is a measure of relief when divorce occurs in dysfunctional families. There were, however, lower levels of antisocial behavior after divorce from highly dysfunctional family situations. She suggested further research to test whether there is relief after divorce when family violence has been present. Many children of divorced parents experience problems with behavior, academic struggles, difficulty coping, and problems within relationships (Criqui, Tucker, Shwartz, Tomlinson-Keasey, Friedman, & Wingard,



1997). Sirvauli-Ozen (2005) reports children from divorced parents had an increased risk of developing symptoms of anxiety and depression, as well as lower self-esteem, a more negative attitude towards romantic relationships, and a tendency to develop insecure attachment styles, although there may be differences depending on gender, age, and supports available to the child. There appear to be numerous risk factors involved in children of divorce developing mental health problems. Rogers (2004) defines risk as variables that come before a negative outcome, which increase the likelihood that the outcome will occur. Emery (1999), and Amato and Keith (cited in Rogers, 2004) suggest that parental separation or divorce could be considered as a risk factor for developing mental health problems, including internalizing and externalizing symptoms. The three main risk factors Rogers suggests are associated with divorce are the loss of a parent, conflict between parents, and decreased parenting abilities. Children may experience grief (Benedek & Brown, 1998) and some children may fear the loss of the other parent.

Hetherington and Kelly's (2002) longitudinal study with 2,500 children found that although divorce was not a painless event, many children from divorced parents are resilient and adjust well. When comparing intact and divorced families, Strohschein (2005) found lower levels of psychosocial resources, such as marital dissatisfaction, or family dysfunction, among children who exhibited mental health problems, which is similar to a report on findings of family dysfunction and low socioeconomic status negatively influencing children's mental health. Strohschein found early studies comparing children from intact nuclear families with children from divorced parents failed to consider the quality of family functioning and marital pre-divorce conflict. Strohschein explored pre-divorce socioeconomic and psychosocial resources, testing whether pre-existing factors had

a greater influence on children's mental health and whether divorce brought relief from highly conflictual family situations. She referred to many studies conducted from 1994-2003 that found higher levels of divorce in families where there was "socioeconomic disadvantage" and concluded that this factor may exacerbate family conflict and instability. Fewer mental health problems were found among children of higher socioeconomic status since the financial resources, higher parental education, and home ownership provided for an environment that was "safe, stable, and stimulating" (Strohschein, 2005). Cherlin and Furstenberg (1991) compare the drop in income for female headed single families as similar to what families experienced during the Great Depression.

#### *Behaviour and conduct problems*

Higher levels of behaviour and conduct problems have been found in children from divorced parents (Conner, Lahey, Hartdagen, Frick, McBurnett, & Hynd, 1988). Criqui, Tucker, Shwartz, Tomlinson-Keasey, Friedman, and Wingard (1997) cite researchers Wallerstein, Amato and Keith, Cox and Cox, and Hetherington, when reporting on behaviour problems in children of divorce. Spigelman and Spigelman (1991) drew from several studies that found higher levels of hostility, aggressiveness, and anxiety among children and youth from divorced parents. Black and Stevenson (1995) report that the majority of children of divorce may not experience behaviour problems, yet they acknowledge this group of children is more likely to present with some concerning behaviours such as aggression, substance use, and running away. Conner, Lahey, Hartdagen, Frick, McBurnett, & Hynd (1998) conducted interviews and used testing materials to test a hypothesis that parental characteristics may be the key factor in males developing conduct problems, whether the parents were divorced or together. An examination of the relation

between parental antisocial personality and conduct disorder of children from divorced and intact families found divorce to be an insignificant variable but parental antisocial personality disorder was strongly associated with conduct disorder. These researchers do caution that the information about antisocial personality symptoms in fathers may not be completely accurate since these symptoms were reported by mothers who were no longer living with the father.

### *Anxiety and depression*

Strohschein (2005) found that, while levels of anxiety and depression rose after divorce, the levels of anti-social behaviour decreased for some children who found some relief where a high level of dysfunction existed within the family. A 2003 study found that children and youth, from divorced parents, were at a higher risk of adult depression (Buka, Gilman, Ichiro, & Fitzmaurice, 2003). Clinician psychologist, Judith Wallerstein, has conducted studies into the effects of divorce since 1971. Wallerstein is considered to be one of the foremost experts on this issue. She conducted the first longitudinal study where she followed 131 children at various intervals and documented the voice of the children of divorce from childhood to adulthood. She interviewed parents, teachers, and Caucasian children from middle class homes who were accessing counseling services. In this 25-year study she found a marked difference between children from divorced and intact families, with those from divorced parents struggling for “a decade or more of their lives” with anxiety about intimate relationships and fearing the same fate as their parents (Wallerstein & Lewis, 2005). Less than 10% of those children were referred for mental health intervention, yet many of the ones who were referred presented with depression or suicidal ideation. Many of the parents were accessing services regarding their own adjustment while they were unaware of their

children's mental health challenges. All of the children in the study struggled with adjustments to visitation and access issues with parents, as well as change in residence and the accompanying losses. Wallerstein and Lewis (2004, p. 359) reported that two thirds of the children from the longitudinal study had also experienced "multiple marriages and divorces, plus the unrecorded broken love affairs and temporary cohabitations, of one or both parents." More than half of the participants had post-traumatic symptoms where fragments of memories of either parental conflicts or specific events around the divorce would pop up at crisis points and had invaded their own intimate relationships (Wallerstein & Lewis, 2004). For instance, one female, when considering leaving her own teary-eyed boyfriend, had flashbacks of her father crying as he left the home. Many of the children and youth reported less participation in extra-curricular activities and play, and more time spent on responsibilities in the home and with younger siblings. The 25-year follow-up with those adults was compared with a group of same age adults, from the same community of California, who had grown up in intact families. The majority of the children had lived with their mothers, although several lived with their father for a year or longer during childhood or adolescence. Wallerstein and Lewis found that with one third of the children having weekly access with fathers during childhood, and regularly through adolescence, these children and youth had just as much anxiety about intimate relationships as those who had infrequent contact. When one parent adjusted well to the divorce, but the other parent did not, many of the children felt sympathy for the parent who was unhappy and blamed the successful parent for the unhappiness of the other. Sirvanli-Ozen's (2005) review of multiple studies found results that consistently showed an increased risk of anxiety and depression symptoms for children from divorced parents. Internalizing problems are not always noticed

in children, particularly if parents are absorbed in their own problems and possibly less sensitive to their children's distress (Black & Stevenson, 1995). Strohschein's (2005) study found higher levels of depression, anxiety, and antisocial behaviour among children from divorced parents with problems existing prior to the divorce. Strohschein's results were not able to support research that indicates decreased mental health symptoms for children of divorce where there are high parental conflict situations. Further research is recommended to determine whether divorce under these circumstances brings relief for children.

#### *Adult children of divorce*

Researchers have found that divorce can negatively impact children's mental health into adulthood (Sirvanli-Ozen, 2005; Wallerstein & Lewis, 2004). The first two years after separation or divorce are generally considered the "crisis period" with most children improving in adjustment over time (Rogers, 2004). However, while there is some debate among researchers on this topic, some researchers suggest that there is a "sleeper influence", which describes emotional problems related to the divorce that emerge in adulthood (Wallerstein & Blackeslee, 1989). Although some studies found that adjustment problems for children/youth decreased over time, Spigelman and Spigelman (1991, p. 448) found that observable adjustment problems may diminish but that "maladjustment may prevail at a covert level." Although they caution any generalizations beyond age 12, their comparisons of children of divorce and intact families suggest that certain effects of family discord and marital separation have a long-term impact on personality development. One study of the correlation between early childhood risk factors and adult depression found higher levels of depression among adults whose parents had divorced, and this in combination with either parental conflict or low socio-economic status increased that risk (Buka, Gilman, Kawachi

& Fitzmaurice, 2003). Research indicates that many adult children of divorce generally have anxiety about being able to sustain a successful marriage given the marital role modeling they encountered growing up. Other researchers have found the negative effects of parents' divorce to continue into adulthood, although they acknowledge the genetic predisposition that may influence the mental health of children and youth in some cases (Cherlin, Chase-Lansdale, & McRae, 1998). Cherlin, et al. (1998) conducted a longitudinal study with 11,759 participants born in areas of Britain. Through interviews and rating scales with children, and their parents and teachers, at various intervals, they found pre and post-divorce circumstances impact children's mental health into adulthood and the divorce may trigger events in adulthood that impact adult mental health. They indicate that a genetic history of mental health problems may contribute to marital discord that leads to divorce. This might result in a false impression that the divorce caused mental health problems in children that continued into adulthood, rather than a genetic pre-disposition towards mental illness and pre-divorce marital problems.

College age adults wrote to Wallerstein (2005) after reading her book *The Unexpected Legacy of Divorce* (Wallerstein & Lewis, 2004), to report ongoing mental health concerns. One person reported frequent thoughts of parental divorce, stating that "I can never escape that part of my past" and the divorce "shapes so many of my beliefs and reactions to the world today" (p. 402) despite the divorce occurring 5 years ago. In interviews with a cohort of children over a 25-year period, Wallerstein and Lewis found that the knowledge and skills children learned when growing up in an intact family, such as conflict resolution, and relationship skills, were lacking in many of the children of divorce, who said that they did not feel prepared for marriage.

### *Gender differences*

There are contradictory findings on whether and how great any gender differences are in the effects of divorce upon children, while some studies suggest that any differences are dependent on a complex host of factors. Some researchers suggest that divorce is more difficult for males; others would argue this and suggest that males and females merely have differing reactions (Rogers, 2004). While some studies suggest males exhibit more externalizing behaviours and females tend to exhibit more internalizing behaviours, one cross-sectional study by Vandewater and Lansford (as cited in Kelly, 2000) found more externalizing behaviours in boys regardless of parental marital status and it found no evidence of increased internalizing symptoms in females.

Gender differences depended partly on age, stage of pre or post-divorce, gender of the custodial parent, parenting style and discipline methods, quality of the parent-child relationship, factors around marriage, and the amount of contact with the non-custodial parent (Department of Justice, 1997). Spigelman and Spigelman (1991) report that boys tended to exhibit more behavioural problems than girls who tended to hide their hostile emotions with “good” behavior, which may mask internal psychological problems. Females had problems emotionally, socially, and academically two years after parents’ divorce, and males were doing worse off, particularly if they lived with a single mother. Researchers Emery, and Hagan, Simpson and Gillis (cited in Silvanli-Ozen, 2005) believe that the reasons for this appear to be a combination of factors including decreased income, parenting style and less effective discipline methods, and other environmental factors. Gilligan (1982) stresses that there are differences between male and female thought processes, perspectives, and moral decision making, and she reasons that females are more likely to become attached

to other people than males. Female behaviour is believed to be more controlled by parents than that of males. Azar (2000), and Taylor, Klein, Lewis, Gruenewald, Gurung, and Updegraff (2000), report on gender differences in stress response. They found that, although males and females had the same immediate hormonal and sympathetic nervous system responses to stress, the hormone oxytocin is released into the female's body, which counters the "fight-or-flight" response found more typically in males who have increased levels of the hormone testosterone. Male hormones, such as testosterone tended to result in a "fight-or-flight" response and increased aggression, while females were more prone towards a "tend-and-befriend" response where they were drawn towards social interaction to reduce stress (Taylor, et al., 2000). Peterson and Zill (cited in Department of Justice, 1997) found adjustment problems in boys may be less related to their gender than to other post-divorce household circumstances. They found that children in the home of the opposite sex parent exhibited more behaviour problems, while other studies found the sex of the custodial parent made little difference (Department of Justice, 1997). Parenting style and discipline methods were argued to be a factor influencing children's behaviour. The Department of Justice reports that mothers had a more controlling parenting style with sons than fathers. A comparison of mother and father custody homes, by Santrock and Warshak (cited in Halonen and Santrock, 1997) revealed that children who lived with the same-sex parent were better adjusted in some areas than children living with the opposite-sex parent.

#### *Ethno-cultural differences*

Few studies examined ethnic or cultural differences among children who experienced parental separation or divorce. No studies were found that looked specifically at the effects of divorce for children in First Nations families. Most studies examined the effects of



divorce among children from Caucasian families. The Department of Justice reported that some studies looked at ethno-cultural differences in attitudes about divorce and the impact of divorce, although any evidence of differences is too limited to draw conclusions (Department of Justice, 1997).

#### *Psychosocial-economic factors*

Divorce is not an isolated incident “frozen in time;” but is usually followed by multiple factors and circumstances that impact the lives of children involved (Black & Stevenson, 1995). More current research suggests that it is not necessarily the divorce itself that leads to mental health problems and that other mitigating factors have a greater influence on children’s mental health, including marital dysfunction that begins prior to divorce and conflict through and after the divorce (Criqui, et al., 1997; Strohschein, 2005). Sirvanli-Ozen (2005) points to structural, economic, and emotional factors influencing children’s mental health, and several researchers agree that parental stress levels and maternal depression decreases their parenting capabilities, thereby having a negative impact on children. Conflict between parents is thought to be a major factor influencing adjustment problems in children. Statistics Canada (2005) reports that increased levels of anti-social behaviour and depression in children of divorce were related to the same factors that were associated with the divorce. The majority of studies on the effects of divorce have not controlled for socio-economic status.

#### *Economics*

Custodial parents often experience a decline in economic status, and lower income families tend to experience increased hardships (Department of Justice, 1997). Many researchers argue that low income within families has a greater impact on problems

experienced by children than the actual separation or divorce. As divorce rates are higher in families with low financial resources, low socioeconomic circumstances may contribute to instability and conflict within families (Strohschein, 2005). Financial problems are often a source of conflict within marriages and the loss of financial resources post divorce is thought to contribute to behaviour problems (Haugen, 2005) and other mental health problems in children (Strohschein, 2005). The division of households can place a financial burden on both men and women but the children of separated parents can be at greater risk of poverty related outcomes. Cherlin and Furstenburg (1991) report that in 1988 children in single mother households were more than six times as likely to live in poverty; they were less likely to escape this situation, and private custody and maintenance agreements disadvantaged mothers and children. Hillock and Tuzlak (1986) indicate that divorce does not necessarily need to be traumatic for children, with mothers in this study reporting no decline in their children's functioning, yet these participants had not suffered a significant decline in their standard of living.

#### *Parental conflict*

Most researchers agree that conflict between separating or divorcing parents is a major influence in children's mental health, as well as contributing to poorer outcomes for health, behavior, self-esteem, social functioning, and academics (Amato, et al., 2005; Cooke, 2005; Criqui, et al., 1997; Hetherington, 2002; Pruett, et al. 2003; Wallerstein & Lewis, 2004), with pre-divorce conflict being a more important influence than the divorce itself (Kelly, 2000). Conflict with physical and verbal aggression, and hostility were more strongly associated with "externalizing and internalizing behaviours in children" than covert conflict, such as "triangulation of child, resentment" and "unspoken tension" (Kelly, 2000). Kelly

found that high parental conflict has direct and indirect effects on children's mental health regardless of parental marital status, particularly when the conflict is more frequent and overt. Cummings and Davies (cited in Kelly, 2000) indicate the direct effects include learned behaviors that negatively impact social relationships. Kelly (2000) reports that exposure to the trauma of parental domestic violence has been linked to posttraumatic stress disorder, especially when other risk factors are present, such as economic disadvantage, parental mental illness, and/or child abuse. Appel and Holden (cited in Kelly, 2000) found between 40% to 60% co-occurrence of child abuse and parental domestic violence. High parental-conflict can cause deterioration in parenting style and methods, with parents sometimes becoming less affectionate and empathic, and use of harsher discipline (Kelly, 2000). Rosen (cited in the Department of Justice, 1997) indicates that women do not always report domestic violence and they may avoid court action and/or give up some of their rights for fear of spousal retaliation. Spigelman and Spigelman (1991) report that children who witness "parental conflict" may view "their environment as being aggressive and hostile; gradually, they may incorporate these attitudes, which can then become features of their own personality." Amato (cited in Rogers, 2004) reports post-divorce parental conflict to be the "strongest predictor of child outcomes." In one study with families with maternal custody, parental conflict predicted lower levels of father involvement, which impacted adjustment, socialization, and development of life skills in young children (Pruett, et al., 2003). There was also more negative father-child interactions, children feeling rejected by father, and lower academic achievement (Kelly, 2000). Nord et al. (cited in Kelly, 2000) report that children whose fathers were more involved were similar to children from intact families where academic performance and achievement were concerned. Other researchers found

mental health problems for children even when parental hostilities are present but they have not witnessed parental conflict. Amato and Rezac (cited in Kelly, 2000) found low post-divorce conflict resulted in more positive child adjustment, while high parental conflict was linked to “poorer adjustment in sons” but not in daughters. The first year after divorce of a conflict marriage is suggested to be the most troubling for children, since conflict does not always end with the divorce, and parents’ emotional problems related to the divorce may impact their sensitivity towards their children (Halonen & Santrock, 1997). Some children are exposed to parental conflict and/or violence before the divorce and many parents have continued post-divorce conflict regarding parenting duties, custody and access issues, and financial matters, which some children may be caught up in.

#### *Parental mental health*

Parent’s “interpersonal skills and psychological capabilities” were found to be linked to parental divorce and children’s mental health in Stroschein’s (2005) research. Parental mental health is correlated to children’s mental health (Bernard-Bonin, 2002; Pruett, Williams, Insabella & Little, 2003) with increased behaviour and emotional difficulties if a parent is depressed (Stroschein, 2005) since depression often results in a diminished response to children’s emotional needs. Parental mental health may be exacerbated by the divorce and the parent’s symptoms may influence parenting practices and the parent-child relationship, thereby impacting the child’s behaviours (Department of Justice, 1997; Pruett, Williams, Insabella & Little, 2003). With single parenting comes increased responsibility, possibly without adequate support financially, socially, emotionally, or in a practical sense. Emery (cited in Black and Stevenson, 1995) found a greater likelihood of anxiety when parental depression was present. Others indicate that negative changes in the parent-child

relationships predicted increased externalizing and internalizing symptoms in young children (Pruett, et al., 2003). Parenting style and discipline practices may explain some of the symptoms observed in children of divorce. Discipline methods may become less consistent for individual parents and between parents. Wood, Repetti, and Roesch (2004) posit that the loss of support combined with the burden of added responsibilities places single mothers at increased risk of depression, which may impact parenting. Their research, after ruling out income and other indicators, found a link between “depressive/withdrawn parenting” in divorced mothers and increased levels of internalizing and externalizing symptoms in children that persisted over the course of the 3-year study.

#### *Remarriage and blended families*

The remarriage, or introduction of a step-parent via a common-law union, forms a blended family. Barker (2003, p.46) defines a blended family in the *Social Work Dictionary* as “a family that is formed when separate families are united by marriage or other circumstance” or “various kinship or non-kinship groups whose members reside together and assume traditional family roles.” A stepfamily is described by Visher and Visher (1993) as a family in which the child either lives with or visits one parent and a step-parent, whether that parent remarried the step-parent or not. Early images of stepparents have been stigmatized as less than favorable with stories of “wicked” step mothers or “cruel” stepfathers. Entering a stepfamily creates further adjustment issues for children, and some adjust quite well. Remarriage is common in the United States with over 40% of remarriages and about 6.8 million step-children (Halonen & Santrock, 1997). In Canada in 1997 “34% of marriages involved at least one spouse who had been previously married” (Statistics Canada, 2000a, p. 8) and it was a remarriage for nearly half of these partners. The number of

common-law couple Canadian families in 2001 was 1,158,410 (Statistics Canada, 2002a). A step-parent's second income may improve economic conditions for divorced mothers and their children (Cherlin & Ferstenburg, 1991; Halonen & Santrock, 1997; Haugen, 2005). A step-parent can also provide practical support through assistance with household responsibilities and childcare. Step-parents can also contribute emotional support to the mother, thereby increasing her own emotional well-being, which may serve to enhance the children's well-being. Nurturance from a step-parent may increase the children's support system as well.

In other ways, the entrance of a step-parent, and possibly other step-children, into the family is sometimes unwelcome by children. Children may resent lost time and attention that has gone to the new couple relationship and/or new family members, and they may have increased their efforts to gain attention. On the other hand, Duberman's research (cited in Visher and Visher, 1993) into blended families found that children from both families are more likely to have positive relationships when they live in the same home or when the newly married couple has a child together.

It is common for children to feel a sense of loyalty towards the non-custodial parent and worry about hurting that parent if they like the step-parent (Benedek & Brown, 1995). Some parents become bitter and hostile towards the step-parent, thereby increasing the likelihood that children may reject the step-parent. Additional challenges for children when adjusting to a stepfamily situation include adapting to imposed family values and norms, and subtle differences that are generally known in traditional nuclear families (Cherlin & Furstenberg, 1991). Peterson and Zill (cited in a Department of Justice, 1997) report that little research has shown positive effects of parental remarriage, yet little had been written about

remarriage and the effects of blended families at that time. Although there may be challenges in adjusting to new family members in the home, step-parents can be an added support to the parent and children. One 10-year old child, who went from her father's custody to that of her mother, stated "My stepdad was one of the best things that ever happened to me" (Benedek & Brown, 1995, p.240). Capaldi and Patterson (cited in Hetherington and Stanley-Hagan, 1999) found that the changes children experience with multiple divorce and remarriage were linked to increased adjustment problems.

### *Intervention*

Most of the literature suggests that a multi-layered approach is most effective in helping children and families. Chen and George (2005) recommend this approach in addressing factors that impact children of divorce and in helping to foster resilience within them. They suggest that parents should avoid triangulating children in parental conflict, and work to maintain positive parent-child relationships. Steps should be taken to ensure the maintenance of relationships with both parents, except when violence, child abuse, or addictions interfere with parenting (Bernard-Bonin, 2000). When assistance can be provided to the family, they are more able to access social and environmental resources to help them deal effectively with the implications of divorce. The negative impact of divorce on children may be minimized when "favorable conditions are offered" in the period after divorce (Sirvanli-Ozen, 2005).

There are various types of programs throughout the world, including British Columbia, that serve this population. Studies with the *Caught in the Middle* (Hett, 1997) counseling program in the Victoria, British Columbia area used various methods to reduce anxiety levels and raise self-esteem in children ages 6-12, with limited results. Other studies indicate

more positive results in programs when parents participate in children's interventions and/or parenting groups specific for divorced parents (Hett, 1997; Hett, Spring, & Shannon, 1999). Bernard-Bonnin (2001), of the Psychosocial Paediatrics Committee in Canada, recommends that physicians play a key role in promoting children's mental health through support, advice, advocacy, and referrals to services. Counselors can help parents to understand the impact of divorce upon children and encourage parental actions that may mitigate the impact of divorce, such as adequate and appropriate communication with children about the divorce and monitoring children for signs of emotional distress. Individual counseling with children can help the child to express feelings and emotions, while coming to understand their situation. Group work with children can reduce the isolation that children might feel, gain peer support, and learn coping skills (Chen & George, 2005). One such program in the United States, called Kids' Turn, was evaluated for effects in child behavior (Gilman, 2005). While there was a decline in problems at school, children's increased confusion about the divorce and the stimulation of suppressed emotions without resolve prompted recommendations to address this issue. The Department of Justice Canada (2004) and the Ministry of Attorney General (2003) report on Canadian programs that include peer support programs for children and parents, individual counseling for children, parent education programs that are usually court connected, and family counseling. The Rainbows program is an international program, for children who have experienced loss that can be found in various British Columbia communities. Counselors in the Family Justice Centres around British Columbia can provide a range of services to families, including counseling, mediation, and practical education and support regarding legal matters (Ministry of Attorney General, 1999). Grych and Fincham (1992), and Black and Stevenson (1995), report that



prevention programs have not been empirically tested for their effectiveness. However, Hetherington and Stanley-Hagan (1999) found interventions for children produced significant improvements to their mental health when there was a parenting aspect to the program. Visser and Visser (1988) discuss specific therapeutic strategies that they find helpful with stepfamilies who are navigating through complex “difficulties that are inherent in their situation” (p. 30).

Wallerstein and Lewis (2004) recommend a combination of interventions that include; extending child support payments into young adulthood for youth to access higher education, if an intact family would have provided this; recognition of adolescents’ desire for involvement in developing access schedules; and treatment to prevent post traumatic stress in children or youth who had witnessed domestic violence. Because there is often a link found between high parental stress and the numbers of mental health symptoms in children (Black & Stevenson, 1995), interventions that have a positive impact on parent’s functioning are found to be beneficial to children of divorce. Lund (1995) recommends early legal negotiation between attorneys to avoid delays in parent-child contact, and for other interventions to be provided to family members. Where more than one therapist is involved, Lund recommends open communication between them regarding the reality of children’s complaints, since what children say may depend on which parent they are with.

Mediation helps children in some cases (Black & Stevenson, 1995), and mediation advocates sometimes propose law reform that would include mandatory mediation (Mandhane, 1999). While cooperative, rather than competitive, mediation can be “compatible with female values” of a non-adversarial method of resolving conflict and meeting individual needs and interests, mediation also prompts concerns for feminists

(Mandhane, 1999; Maxwell, 1992). Mediation is inappropriate in circumstances where there is a power imbalance between men and women and in particular cases where women have been victims of abuse by their ex-spouse. Women in these situations are less likely to stand up for themselves and they may give up “legal rights and entitlements which women have fought for and won in the traditional system” (Mandhane, 1999). Because mediation is confidential, it is hidden from public examination and prevents advancement in family law (Maxwell, 1992). Mediators often have a bias for joint custody in an attempt to promote shared parenting, but this bias eliminates neutrality in the mediation process. This stance assumes that joint custody is always in children’s best interests; yet it is argued that it promotes father’s rights, maintains men’s control over mothers, and it dwindles mother’s financial situation when mothers continue to be responsible for most childcare duties (Mandhane, 1999; Maxwell, 1992). Maxwell and Mandhane do not condemn the mediation process as it can be an effective method of reducing the high level of conflict that influences negative mental health trajectories in children. Rather, they recommend embracing a mediation process that encompasses feminist values and encourages a cooperative model, and to terminate the process if any dominating, controlling, or abusive situations are identified.

Because parental conflict pre and post-divorce is considered a factor that increases the risk of maladjustment in children, low levels of conflict can serve as a protective measure. Since parenting capacity can deteriorate after separation or divorce, which may negatively impact the parent-child relationship, parental success in adjusting to the separation or divorce is likely to improve parent’s ability to provide the type of care that children need to successfully adjust as well (Rogers, 2004).

## *Resilience*

Resilience research suggests that children can achieve “positive life outcomes in spite of risk” and that “life’s disruptions” can provide opportunities for growth (Brendtro and du Toit, 2005). Several researchers and psychiatrists, such as McClellan and Werry (2000) in their study on diagnostic interviews, suggest that many childhood problems considered in psychiatry “may occur in a number of contexts, including normal development” and “an adaptation to environmental events” (p. 26). Many children are quite resilient and they adjust to parental separation or divorce without significant problems. Researchers, Jen-De Chen and Rebecca George (2005), suggest that taking steps to build resilience in children can be a key protective factor that aids in the adjustment to divorce. Masten, Best, and Garnezy (cited in Chen and George, 2005, p. 452) describe resilience as “the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstance.” The *Social Work Dictionary* defines resiliency as the “capacity to deal with crises, stressors, and normal experiences in an emotionally and physically healthy way; an effective coping style” (Barker, 2003, p. 369). Dyer and McGuinness (cited in Hill, 2003) define resilience as “a dynamic process, greatly impacted by protective factors that help people come back after adversity.” Hill’s research on resilience in childhood found resilient children to have internal personal attributes as well as external resources. Hetherington and Stanley-Hagan (1999) cite Hetherington’s 1989 findings that some females developed competency through dealing with added responsibility and independence, after parental divorce, when there was a low stress environment and ample adult support. They found that measures can be taken to reduce risk factors and foster resilience to protect children from any negative impact of separation or divorce. Brendtro and du Toit (2005) provide

recommendations for communities to help children become resilient to difficulty and hardship through fostering the development of their strengths and providing opportunities to develop “belonging, mastery, independence, and generosity.”

Areas to address in fostering resilience in children are “parental conflict, parental monitoring and support, social systems, individual attributes of the child, communication, and life changes” (Chen & George, 2005, p. 453). Positive and nurturing parental monitoring and support during this transition phase can ease children’s adjustment. Family, friends, teachers, coaches, clergy, and other social support persons can build a safety net around the family and provide a buffer for children as they adjust to the transition. Emotional and practical support of a social support system, with at least one parent, sibling and/or peer support, and positive self-esteem, acts as a “buffer” for children experiencing high parental conflict (Kelly, 2000). Individual attributes and child temperament can impact children’s responses to adverse events and also influence the relationship with the parent. Children who actively try to cope through trying to understand the situation and do things to try to feel better are more likely to be resilient (Hill, 2003). Appropriate open communication about the divorce process helps children to reduce confusion about their possibly misconceived role in the divorce and changes that occur when divorce happens. A positive support system can help alleviate the burden of stress for children and families, providing an emotional outlet during crisis periods, and helping them to cope throughout the separation or divorce. Youth may tend to rely on peers for social support while young children and infants may need to rely mostly upon parents (Department of Justice, 1997). Emery (cited in Rogers, 2004) suggests that keeping children in their same home and school environment, and providing regular routines, can ease separation anxiety.

### *Conclusion*

Although divorce rates tend to rise and fall, it can be reasonably predicted that many children will spend a significant period of their lives in post-divorce families, often within a range of new relationships including remarriages and/or cohabitations. Sometimes separation and divorce are necessary. Some adjustment problems, with a range of feelings, would be expected for anyone experiencing these changes and it requires adaptation of all family members. Given the vast amount of research that shows mental health and adjustment problems for children of separated parents, it appears that separation and divorce is a risk factor, although it is not the only factor impacting children's mental health. Parental separation is not an isolated event, but rather a sequence of on-going changes and circumstances that can have a domino effect on the family. There are many factors to consider, including pre and post-divorce psychosocial-economic factors combined with the children's stages of development throughout childhood and the protective factors that can aid the development of resilience. Divorce does not necessarily need to become tragic for children and many children adjust quite well with some variations found in the effects (Black & Stevenson, 1995; Hetherington & Stanley-Hagan, 1999; Wallerstein & Lewis, 2005). However, the literature suggests a higher likelihood of negative outcomes when other stressors are involved (Hett, Spring, & Shannon, 1999). Recent research has been exploring other factors that may be more influential in the development of mental health problems other than the divorce event itself. Other research has started to look at possible benefits, such as the departure from traditional masculine and feminine role stereotypes, and the increased development of competence, independence, and self-esteem with changing roles within the family (Black & Stevenson, 1995). Although the proportion of children of divorce

with mental health issues is lower than those who fare well, it is still important to consider this group of children. Psychosocial and development theories, combined with a feminist social constructionist perspective help explain how children are impacted by separation and divorce. With the complex nature of separation and divorce, a multi-pronged approach, targeting issues at various micro and macro levels, would likely increase the effectiveness of any intervention efforts. Among the recommendations for further research, Strohschein (2005) suggests using a process-oriented approach looking at various stages of the divorce, whether effects persist despite pre-divorce characteristics, identifying features of risk and resilience, and tracking changes over time. A large cross-sectional sample population of people from different socio-economic and ethnic backgrounds, who are not identified solely because they represent the extreme cases, may allow for more generalizations about the effects of separation and divorce. More research on joint custody arrangements is needed as well. Specific differences in cultural subgroups and geographic locations, such as Northern, rural, and remote, may help illuminate other characteristics that either promote resilience in children of separation and divorce, or negatively impact children's mental health.

There appeared to be greater numbers of divided families accessing Quesnel children's mental health services, with few supports available for problems directly related to parental separation. The literature about the impact of parental separation led me to question the situation for children from divided families in Quesnel, such as prevalence rates, family circumstances, and challenges specific to living in a Northern rural community. Understanding whether and how Quesnel children are impacted by parental separation would clarify whether there are any gaps in services that could be addressed through prevention and early intervention attempts.

## CHAPTER TWO

### Methodology

This study used a content analysis approach in the collection and analysis of data contained within case files. The social work dictionary (Barker, 2003, p. 94) defines content analysis as “the systematic study of some group interaction, written document, or other exchange of information primarily by evaluating the frequency with which certain ideas, reactions, or expressions occur.” Neuman (2003, p. 36) describes content analysis as “examining information, or content, in written or symbolic material,” and then using a system such as counting and measuring “how often certain words or themes occur.” Neuman indicates that “content analysis is used for exploratory and explanatory research but is most often used in descriptive research.” Linda Gordon (1988), in her study on family violence in the lives of women and children, drew from a rich source of data contained in child protection case records. Martineau (cited in Reinhartz, 1992, p. 145), endorsed the analysis of documents for research when stating, “The eloquence of Institutions and Records, in which the action of the nation is embodied . . . , is more comprehensive and more faithful than that of any variety of individual voices.” There were two parts to this study, starting with quantitative and ending with qualitative data collection and inductive analysis.

Many studies on the effects of parental separation and divorce draw from interviews with children and parents. While this is an effective method of exploring this subject, no published studies have explored children’s mental health file content information in their analysis of this subject. The literature suggests that parental divorce often leads to mental health problems, therefore a reasonable expectation may be that children of divided families

will be represented among children presenting at Child and Youth Mental Health (CYMH) services and that there may be some differences between these children and children from intact families. The compilation of multiple source data within government mental health case records provides a fairly comprehensive overview of events and circumstances throughout the children's life spans, which could prove fruitful in exploring this issue in Quesnel. As well as information obtained directly from the child, other sources of data contribute to the assessments, treatment plans, and ongoing intervention with the children and their families. Information is generally gathered, through an integrated approach, from the children, their parents and teachers, and often from physicians, social workers, pediatricians, psychiatrists, psychologists, and any other professionals that have been involved in the children's lives. With some fairly recent research suggesting psychosocial circumstances have a greater influence on mental health of children from divided families than the separation or divorce event, the psychosocial data available in the files provides rich research material. Although other research methods could be applied, a content analysis is a time efficient method of gathering a significant amount of data, while minimizing ethical issues that may be involved with interviews or surveys with human subjects. I am cognizant that mental health files are representative of the extreme cases, since not all children from separated parents come to the attention of CYMH. However, because there are no published studies on the effects of parental separation in Northern rural BC communities, a content analysis is a good starting point to determine whether this is an issue impacting children in one such community. Although each child is unique, identifying the common themes about their lives helps to illuminate issues that affect many of them.



CYMH agencies tend to be fairly consistent in their data gathering activities. While different staff members record information in mental health files of the agency involved in this study and the information in each file is, of course, specific to each child, the forms, assessment formats, and general topics covered are consistently the same for all children who have case records at this agency. More in-depth information would be included about specific disorders in question. Case records may also contain assessment reports from other professionals, such as psychiatric, pediatric, or psychological services. Progress notes of individual clinicians summarize the ongoing therapy and other interventions with the child and family. Clinician's assessments follow prescribed documentation procedure, although professional observations and opinions are included in case formulations of the assessments. The case records tend to include information that was gathered from various sources, including schools. The clinicians in this agency include both genders. Because CYMH agencies are devoted to the mental health of children, where the identification and treatment of mental health disorders based on the medical model of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision* (DSM-IV-TR) (American Psychiatric Association, 2000) criteria is a fundamental task, information about symptoms of mental illness tend to take precedence over indicators of health, strength, and resilience. Indicators of strength and resilience tend to be found in the analysis and case formulations in reports in the case files.

Because I am an employee of a Child and Youth Mental Health agency of the Ministry of Children and Family Development, I have the advantage of understanding the mental health intake process and the connections to the DSM-IV-TR disorders. Understanding the structure of mental health case records and where specific information is consistently found,

increased the efficiency of data gathering. Knowledge about issues pertinent to Northern rural communities, and resources accessible to the families within them, added to the holistic understanding of children's experiences in the context of that environment.

### *Sampling*

The textual information contained within case files of children who were referred to Child and Youth Mental Health of the Ministry of Children and Family Development, was the sample unit of analysis for this study. The sample size for part one of this study, the quantitative section, involved the case information of all 189 children and adolescents who were referred to CYMH within a one-year period of 2005. This provided current information about a fairly large recent sample population. In determining which files would become the focus of the qualitative study; files of children from separated and divorced families who had a file opened at CYMH were chosen. Opened files were chosen because of the degree of qualitative information available within them. As insufficient information could be extracted about children when the result of a referral was no file open, files that were opened for children referred and who had experienced parental separation, became the sample unit of analysis. The sample for part two of the study involved the case records of 57 children and youth, whose parents had separated or divorced. There were 5 children who were referred twice in 2005 who had files opened both times, and these duplicate referrals were included in the quantitative figure in part one of the study. The children remained part of the frequency count of the quantitative analysis since they were separate referrals with some somewhat different presenting problems and there were some differences in other aspects of the initial referral information about those children as well. The duplicate referral was eliminated from the count when conducting the qualitative analysis however, bringing the

number of children of separated parents to 57. Once children receive services, files are opened in their names and information is gathered for assessment and treatment purposes. If a file is not open for a child, there is not enough information to add to the thoroughness of the study. The information for each child tends to be limited to basic information that is already captured in part one of the study. These children's files were excluded from part two of the study. A qualitative content analysis was the approach used to explore the 57 files.

### *Procedure*

Prior to beginning the research, consent to access government files was provided by the Ministry of Children and Family Development (MCFD). An agreement was made that would ensure the confidentiality of any subjects in the records, and protection of their privacy. A coding system was developed, where each case file was assigned a number code. File numbers were matched with the number codes, which assisted in retrieving files, but this list was kept securely locked in the Ministry file room. No identifiable information, such as actual case numbers or names, was recorded on any form that left that room. All data gathering activities took place in the secure environment of the Ministry office. No identifiable information was taken out of the Ministry premises. All files were kept in the securely locked file room. Files identified as part of the sample population were reviewed in an office of MCFD and returned to the locked file room immediately after the data collection was completed.

The basic information about the child at the point of referral was obtained from an intake list that was compiled as each new referral was received. The basic information about each referral, including the child's name, age, referral source, date of referral, presenting mental health problems, and outcome of referral are documented on the intake referral form at the

time a referral is received. Number codes were assigned to the children on that list of children who were referred to CYMH in the year 2005. The list of code numbers was used to identify which files to retrieve for review. Three forms were created to document data from the files in parts one and two of the study, and case code numbers were written on each individual form. These forms were organized in three separate binders. Form number one was used to gather descriptive data from each of the 189 cases. The data gathered for part one of the study, documented on form number one, described 10 variables including; whether parents were separated or their relationships were intact, who had custody of the child, timing of the referral compared to time of separation if there was one, age and gender of each child, ethnicity (Aboriginal or non-Aboriginal), the referral source, onset of mental health symptoms, presenting mental health problem, and the outcome of the referral. Since these categories are not all included in the basic information on the intake referral form, three specific forms from each case file were reviewed to obtain this information; the registration form, the assessment interview form, and prior referral forms if any had been made. Some children may not have had a file opened as a result of the referral in 2005, but some had a file opened at some time in the past, therefore that basic information, for part one of the study, that was not available on the intake list was obtained from the unopened files. Although Quesnel is a multi-cultural community, the only systematic method of gathering information about ethnic status, until later in 2005 when another system was implemented, has been on the registration form, which only records whether children are Aboriginal, including Metis, or non-Aboriginal. Therefore this ethnic group was the only one included in this study. The case content information for each of the 189 children was reviewed once to gather the data for the quantitative analysis. The quantitative data was

entered onto the SPSS 11 computer data analysis program. The information on the data collection form number one was compared with data entered onto the SPSS program three times to ensure accuracy. Where a value was not recorded in the case file information, the data response, or missing value, is listed as “unknown” in the data entry for those cases. The questions asked in this study demanded only frequency counts, basic cross-tabulations, and a Chi-Square test procedure and correlation test. For the Chi-square test it was necessary to exclude all cases where the parental living situation, whether they were separated or intact, was unknown. The SPSS 11 program excluded these cases from the test which measured differences between the parental living arrangements and the different types of child presenting problems and presenting problem load. Leaving those cases with unknown parental living situations would not have provided an accurate account of any differences between the two groups of children.

When gathering data about each child’s presenting problem, it was found that many children presented with symptoms from multiple problem areas. In attempting to be precise, each combination of problems was included under the presenting problem variable. These results indicated that many of the problem combinations had only one child exhibiting that unique set of symptoms. I found a similar situation when attempting to use the actual diagnosis on the children’s files, in that many children had multiple diagnoses. For instance one child might have diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, and Conduct Disorder. Another child might have diagnoses of Anxiety Disorder, Depression, and a Substance-Related Disorder. Since many files were not opened, those children would not have received a diagnosis at all, which would have caused difficulty in SPSS test procedures. Therefore that option was left for the qualitative

analysis. The decision was made to use the data on the presenting problems for the quantitative analysis. The presenting problem had been placed under problem categories that the symptoms described fit within by each intake worker at the time the referral was received. The presenting problem does not represent the actual or provisional diagnosis on file; it is based on the worker's knowledge of symptoms that fit DSM-IV-TR categories. The reliability of this classification is unknown since the initial classification is based solely on reported symptoms from the referral source prior to mental health assessment procedures. Any diagnosis that might meet the criteria of a mental health disorder that fits within one of the mental health categories is only obtained after a file is opened and a complete assessment has been completed. Using all presenting problems ensured that this study was able to capture all of the mental health problems that were referred to CYMH in 2005. In order to reduce the numbers of complex problems, all specific problems were placed into the categories that they fall under within the DSM-IV-TR. For instance, variations of depression and bipolar fall within the category of mood disorders, therefore mood disorders were used to capture these problems. Childhood disorders include variations of learning and developmental problems, communication and motor skills problems, feeding and elimination disorders, tic disorders, reactive attachment disorder, ADHD and behaviour disorders, and Separation Anxiety Disorder. However, as ADHD and other behaviour disorders also appeared to represent a significant number of the presenting problems of the sample population, these were placed in a category of their own. As some children presented with more than one behaviour disorder, such as ADHD as well as Oppositional-Defiant Disorder and/or Conduct Disorder, Behaviour Disorders was used to describe the presenting problem of these children. Also, because Separation Anxiety is listed under Childhood

Disorders, but this study is only exploring the problems of children, Separation Anxiety was captured under the category of Anxiety Disorders for the purpose of this study. Problems coded as “other,” for the purpose of this study include; Bereavement, Eating Disorders, Fetal Alcohol Spectrum Disorder (FASD), Sexual Behavior Problems, Seizures, Failure to Thrive, and Cutting/Self-mutilation. Although FASD and Seizures are not listed in the DSM-IV-TR, they were concerns reported in some referrals. Adjustment disorders can present in various forms including; adjustment with anxiety, with depressed mood, with disturbance of conduct, with mixed anxiety and depressed mood, with mixed disturbance of emotions and conduct, or unspecified symptoms. The variations were not distinguished in this study. Substance-related disorders include variations of misuse of alcohol and/or drugs of different forms. Relational problems found in this study included problems in relations with parent and/or siblings, while the general category can include partner relations and problems related to a mental disorder of general medical condition, and non-specific relational problems. Problems related to abuse or neglect includes physical, sexual, and emotional abuse, as well as neglect. The category of psychosis in this study includes any form of psychotic disorder. Suicide presented as a mental health concern, and although it is not specifically listed in the DSM-IV-TR, it is a mental health concern that results in CYMH referrals and is listed on the intake referral list. Specific criteria for the disorders will not be explained in this study, but they can be found in the DSM-IV-TR.

Once the files of children from separated parents with open files were identified, those case files became the unit of analysis for part two of the study, which was qualitative in the approach. Since not all parental unions result in legal marriages, separations of the children’s biological parents, whether legal or otherwise, were included in this study.

Because some previous research suggests that psychosocial factors may have a greater influence on children's mental health than parental separation, choosing this population as the unit of analysis was believed to be a good place to start exploring this issue. In this part of the study, the aim was to explore the case files of children from separated parents who had a file opened for service provision at a Child and Youth Mental Health Centre (CYMH). As stated above, the reason for studying only those cases where a file was opened is because these files would provide a richer source of qualitative data, whereas unopened files tend to have minimal demographic descriptive data since no assessment would have been completed for these children.

A second form, form number two, was created and used to document qualitative data from each of the 57 files in an organized fashion. The following 10 general categories guided the case content review process: information about prior referrals, family structure, academic circumstances, other agency involvement, and history of significant events, psychosocial stressors, family interactions, diagnosis, intervention, and indicators of resilience. These general categories were chosen based on a combination of the themes present within the literature review and information that is systematically gathered in CYMH assessment forms. Since some of the themes found within the literature review fall under a more general psychosocial category, the more general category was used in order to allow for other psychosocial elements and themes, which may not have been identified in the literature, to emerge from the data and be captured in this study. Information from part 1 of the study, including age, gender, ethnicity, custodial parent, timing of referral, referral source, and onset of symptoms was added to the bottom of each form for easy access when considering each child's whole situation and circumstances. The forms that are consistently



found in each file at CYMH were reviewed and data were documented in the assigned categories. Each file was reviewed one time and any information that fit under the chosen categories was documented on this form number two. Possible themes were starting to become apparent during this phase of the process.

A third form was created for the purpose of analyzing each of the general categories more in depth, after two iterations of open and axial coding of the data on form number one. Information from form number two was transferred to form number three. There was one form number three for each of the ten categories, with space to transfer information in a section for each case file. Further axial coding, as well as manifest and latent coding, allowed for the common key themes to emerge from the data. Analytic memo writing, regarding thoughts about the process and about the themes within the data, were kept in an organized file system.

#### *Ethical considerations*

Each case was assigned a code number and no names were documented. No identifiable information was extracted from case documentation about any of the children, or others involved with the children. Because anonymity becomes more difficult in small communities, where many people know each other, care was taken to not document information that might inadvertently identify people mentioned in the case files. Agreements were made to ensure confidentiality with the agency holding the records, and all records were reviewed and kept secured with the agency itself. Besides issues of confidentiality, consideration has been given throughout the study to ensuring that no harm is done. Since no human subjects are being interviewed in this study, there is no risk of causing possible harm through subjecting participants to re-experiencing possible painful events and

emotions. The intention of the study, which was always considered, was not only to determine whether there are differences in prevalence of children from divided or intact families accessing mental health services, but it is also to gain a clearer understanding of the issues that face children from separated parents. With some clarity about this subject, recommendations could be made about ways to prevent or reduce possible negative effects and enhance the lives of children who might experience this phenomenon.

## CHAPTER THREE

### Analysis

#### *Quantitative Analysis*

The SPSS-11 computer data analysis software program was used to analyze the quantitative data, testing for frequencies of the variables and to determine whether there are relationships between others. Data were entered as numeric variables. The values that were entered into the SPSS program was checked against the data on 3 separate dates to ensure accuracy of data entered into the SPSS program. Frequency counts of the ten variables and basic cross-tabulations between some of them provided descriptive information about the children who were referred to CYMH within the one-year period. A Pearson Chi-square test measured the significance of the relationship between parental living arrangements and children's presenting mental health problem. Once this was completed, correlations between the overall problem load for the children and parental living arrangements were tested for significance of this association.

#### *Qualitative Analysis*

An illustrative model and successive approximation, with repeated iterations through the use of open coding, axial coding, and selective coding as described by Neuman (2003), was used to analyze the qualitative data in a systematic organized fashion. Analytic memo writing on index cards throughout the analysis process was organized in a file system. The first step in the analysis was an open coding process where the data from each case was reviewed twice and notes were written in the margins of each page, and words and phrases were underlined, with colored ink, about possible themes and categories, and any thoughts about them. Data about each case was examined as a whole during this stage, and an

inductive approach was used to extract possible further themes, beyond those which confirmed or rejected previous theories in the literature. The index card file system began with the original ten general categories, and with “repeated iterations” it expanded as new themes emerged, and then reduced towards a more “comprehensive analysis with generalizations” (Neuman, 2003, p. 451). These strategies were used throughout the remaining stages of the analysis process.

The information from each of the 10 general categories was transferred to form number three for the purpose of axial and selective coding, as well as manifest and latent coding. Form number three was created for each of the ten general qualitative categories. There were 57 sections, which covered six pages, to record information about that particular category from each of the cases. A group of 6 pages was used for each of the 10 categories. This system of organization allowed the data to be condensed further by category and theme. A colour coding system was used to identify common themes about each specific category among all of the cases. Analytic memo writing continued through this phase of the analysis, with ideas, questions, and new possible themes added to the index card system. In the manifest coding process, various colored highlighter pens were used to identify words, phrases, and other commonalities, where the frequency of each was counted, and then grouped under specific categories. The data was reviewed and coded twice during this phase, to ensure that no possible data had been missed and to ensure the accuracy of frequency counts. Key themes became clear through this process.

Once the major key themes were identified, latent and selective coding was used to identify possible underlying themes, specific cases that illustrated the key themes, and possible gender differences. Comparisons and correlations were made between these case

examples and other variables and themes, to provide further description of these children's experiences, as they were documented in the case files.

### *Reliability and Validity*

Steps were taken to ensure reliability and validity in the research method and analysis. Care was taken to ensure precision of the variable detail to be measured in the quantitative analysis. For instance, the age variable was specific to each child's year of age, rather than using age groups and the mental health problems were placed into categories listed in the DSM-IV-TR, which is routinely used to diagnose mental health disorders. Various drafts of measuring these variables were tested on the SPSS-11 program to improve the variables and make them as precise as possible, even though they fit under problem categories. Problem categories in the *presenting problem* variable, rather than each specific problem, are used as a measurement of representative reliability in that it is representative across subgroups (Neuman, 2003). Validity in this study is attempted by ensuring that the variables being measured are associated with indicators believed as valid in preexisting research on this subject, and they are expanded enough so as to measure and answer the research question asked of the quantitative data. The data entered onto the SPSS-11 program were cross-checked with the documented data three times to ensure accuracy.

Reliability and validity, in the qualitative analysis was attempted through consistent examination of the same documents that are consistently found in each file. All of the 189 files were reviewed one time to obtain the data for the quantitative analysis, and the 57 files for the qualitative analysis were reviewed a second time to obtain more in-depth qualitative data. Although the documentation within these documents was undertaken by different mental health professionals, the format is equal on most documents examined and generally

the same in various assessment reports that were examined. Because the data is taken directly from the content of case files, the study can be replicated. Validity is achieved in the qualitative analysis through consistent attempts to gather the multiple pieces of evidence, with the coding procedures, and making connections among them. As well, once the qualitative data were gathered from the second more in-depth review of data in the files, I reviewed the collected data using the open coding procedure twice. Axial and manifest coding procedures were conducted a further two times, and a latent and selective coding procedure took place once after that. With the number of times that the data were reviewed and coding and counting procedures that took place, validity and reliability was achieved in this research.

## CHAPTER FOUR

### Results

#### *Results of the Quantitative Analysis*

The results of the quantitative analysis provide a general picture about the children referred to CYMH in Quesnel in 2005, including differences between children from divided and intact families. The study was concerned with the prevalence of children from separated and intact families, gender, ages, and ethnicity of the children, referral source, and the onset of symptoms and timing of referral, the outcome of the referral, and the presenting mental health problem and problem load. Differences between children from divided and intact families and presenting mental health problems were tested. These results provide a ramp to conduct further exploration of possible psychosocial determinants that may have influenced the children's mental health.

Only 28.6% ( $n=54$ ) of the parents in this study had intact marital relationships, which includes parents who had legal marriages and those who did not legally marry, while 67.7% ( $n=128$ ) were separated, and 3.7% were of unknown marital status. Regardless of whether parents remained together or separated, some children were not in parental care; they were living in foster care or in the care of others. Frequency counts appear in Table 2. The largest group of children were living with their mother ( $n=75$ ). There was also a high proportion of children living in foster care ( $n=28$ )

Table 2

*Legal Custodial Parent*

	<i>Frequency</i>	<i>Percent</i>
Valid mother	75	39.7
Father	15	7.9
Joint	6	3.2
Other	10	5.3
MCFD	28	14.8
Unknown/Not recorded	7	3.7
Not applicable, parents together	48	25.4
Total	189	100.0

*Gender*

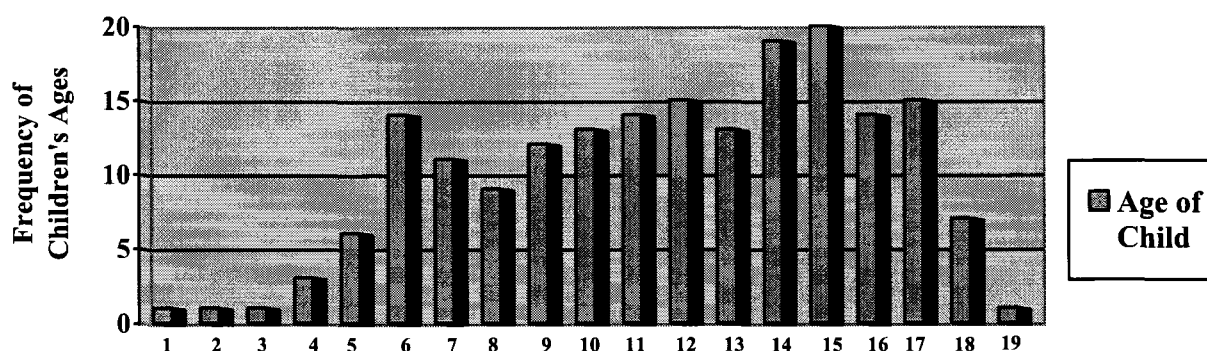
Males comprised the largest gender group referred for mental health services in 2005, with 101 males (53.4%) compared to 88 females (46.6%), although the difference is only 6.8%. Cross-tabulations with gender and other variables were conducted and the results are found below after results from each variable are tested.

*Age*

The modal age of children, as shown in Figure 3, referred for mental health services in the year of 2005 was 15 years (10.6%,  $n=20$ ), while the mean age was 11.7 years. There were very few preschool children from age 5 and under who were referred to CYMH, with only one child ages 1, 2, and 3. The number starts to increase at age 4, with three children referred and this number doubles at age 5 with six 5-year old children referred to CYMH. Nineteen 14-year old youth (10.1%) were the second largest group of referrals.



Figure 3. Frequency of Each Age at Time of Referral



### *Ethnicity*

The only ethnic groups considered in this study were Aboriginal and non-Aboriginal populations. As stated earlier, Quesnel is a multi-cultural community, yet only Aboriginal identity has been consistently documented on the required registration form upon file opening, up until later in 2005 with the implementation of a different intake system. Children identified as Aboriginal only made up 18% ( $n=34$ ) of the referrals to CYMH in 2005, while 65.1% ( $n=123$ ) were identified as non-Aboriginal, and 16.9% ( $n=32$ ) were unknown because it was not recorded. If a file was not opened for a child, Aboriginal identity was not required on the documentation. A cross-tabulation between Aboriginal or non-Aboriginal identity and the person with custody indicated that, out of the 34 Aboriginal children 11 were in the care of their mothers; 5 children were with their fathers, 3 children were in the care of others, and 12 were living in foster care. Three of the children were living with both parents who were together. A cross-tabulation between Aboriginal status and referral source indicated a range of referral sources for the 34 children; 14 were referred by health professionals, 11 were referred by MCFD social workers, 6 were referred by their parents, 2 were referred by schools, and 1 was referred by some other source. There were no

self-referrals. Out of the largest group of Aboriginal children referred to CYMH, who were living in foster care (35.3%,  $n=12$ ), eight of those referrals came from MCFD, while the other four referrals were received from health professionals. The Aboriginal culture differs from non-Aboriginal families in that historically First Nations and Aboriginal families, including extended family and the entire Aboriginal community, share in child care responsibilities. There may also be cultural differences in the promotion of mental health and wellness, and the treatment of emotional problems that lead Aboriginal people to access supports from other sources.

#### *Referral Source*

The majority of referrals (48.7%) came from health professionals ( $n=92$ ). Equal amounts of referrals were received from both parents and MCFD, with 20.1% from each source ( $n=38$ ). Only 2.1% of referrals ( $n=4$ ) were received from the school, and the same amount of referrals were self-referrals. Health professionals tend to make referrals to CYMH on behalf of parents or adolescents who have come to them for services. Other sources of referrals include various agencies and community services. These figures may not answer questions about differences between children from divided or intact families, but it indicates that people tend to take their problems, or their children's problems, to their primary physician first. This is helpful information to have when considering intervention service recommendations. Self referrals, which are obtained from adolescents, might indicate a measure of self-initiative, which could be considered personal strength. The lack of self-referrals might indicate a lack of information available for adolescents in the community.

### *Onset of symptoms and timing of referral*

Since there was a lack of clarity, within the literature, about the length of time children of separation and divorce had been experiencing symptoms, this study examined the onset of symptoms and the timing of the referral to CYMH. File information indicated that over half of the children (57.1%,  $n=108$ ) had symptoms of mental health difficulties for over 2 years prior to the referral in 2005. Children who had an onset of symptoms 13-24 months prior to referral was only 13.8% ( $n=26$ ). There was only a 3.2% rate of children with onset 7-12 ( $n=6$ ) months prior to referral, 2.1% who had onset 3-6 months prior to the referral ( $n=4$ ), while 20.1% ( $n=38$ ) experienced symptoms less than 3 months prior to the referral. The onset of symptoms was unknown/not recorded, for 3.7% ( $n=7$ ) of the children. The frequency counts of the timing of the referrals indicate that most children were referred to CYMH after their parent's separation. Among the children from separated parents, where the timing of the referral compared to timing of parental separation was known and documented, 96.7% ( $n=120$ ) were referred after the separation, while only 3.2% ( $n=4$ ) were referred before the separation.

A cross-tabulation of the onset of symptoms and timing of the referral (see Table 3) indicates that out of the marginal number of 4 children who were referred before the separation, symptoms had been observed over 2 years prior to seeking CYMH assistance. Over half of the children who were referred after the separation had an onset of symptoms over 2 years. Because the exact timing of the separation was not found consistently within the case files, it was not possible to determine whether there was a relationship between the separation and mental health symptoms. There appears to be a lack of early problem identification and requests for help for these children's problems might be minimized,

parents may be struggling to help their children on their own for lengthy periods of time before accessing services, or there may not have been early intervention services available for them to turn to.

Table 3

*Onset of Symptoms and Timing of Referral Cross-Tabulation*

		Onset of symptoms						Total
		Less than 3 months	3-6 Months	7-12 Months	13-24 Months	> 2 years	Unknown/not recorded	
Time of referral	Before	0	0	0	0	4	0	4
	After	23	2	3	19	72	1	120
	Not applicable	11	2	3	7	31	0	54
	Unknown/not recorded	4	0	0	0	1	6	11
Total		38	4	6	26	108	7	189

*Outcome of the referral*

Out of the 189 referrals received only 47.6% ( $n=90$ ) had a file opened to provide CYMH services. Reasons for files not opened include referring the child and family to a different service, the family declining the offer of services, the referral was withdrawn, or the child was placed on the CYMH waitlist to receive services when an opening became available. Of the 28.6% of the children who were referred to other services ( $n=54$ ), the referrals made included other counseling services contracted through CYMH, and to other appropriate agencies after initial screening was completed. Some families either withdrew the referral or

declined services that were offered: 10.1% declined services ( $n=19$ ), and 11.1% withdrew the referral ( $n=21$ ). Only 1.6% ( $n=3$ ) were placed on the CYMH waitlist to receive services, and the outcome of the referral is unknown for only 1.1% ( $n=2$ ) of children whose files were transferred to another CYMH office in British Columbia. It is reasonable to assume that those children would access services in the community that they moved to. The main purpose of gathering information about the outcome of the referral was to identify the cases that were opened for children of separated parents for further exploration in the second part of this study.

### *Presenting problems*

The presenting problem was documented for all of the 189 children referred to CYMH in 2005; therefore all 189 cases form part of the quantitative sample. However, as there were 7 cases where the custodial parent was unknown, those cases were excluded from the Chi-square test that measured for differences between parents' living arrangement and children's problems. Frequency counts of presenting problems at the time of referral are found in Table 4. In order to obtain frequency counts of each specific problem category, and to conduct cross-tabulations and a Chi-square test with each problem with other variables, it became necessary to create separate variables to capture each individual problem. ADHD and Behaviour Disorders was the most prevalent mental health problem category that resulted in referrals to CYMH with 42.9% ( $n=81$ ) of the children presenting with this problem either alone or in combination with other mental health problems. Mood and anxiety problems were also common, with 30.7% of the children presenting with mood problems ( $n=58$ ) and 26.5% of the children presenting with symptoms of anxiety ( $n=50$ ).

Table 4

*Presenting Problems at Time of Referral*

	Frequency	Percent
ADHD and Behaviour Disorders	81	42.9
Mood Disorders	58	30.7
Anxiety Disorders	50	26.5
Adjustment Disorders	32	16.9
Substance-Related Disorders	16	8.5
Disorders Diagnosed in Childhood	25	13.2
Relational Disorders	20	10.6
Problems Related to Abuse or Neglect	9	4.8
Suicide	14	7.4
Psychosis	1	.5
Other	27	14.3

Note:  $N=189$ . A given child could have more than one presenting problem.

While 44.4% of the children referred ( $n=84$ ) presented with only one mental health problem, over half of the children presented with two or more problems; 38.1% ( $n=72$ ) had symptoms of two problems, 14.3% ( $n=27$ ) presented with three problems, and only 3.2% ( $n=6$ ) presented with four problems. It was not unusual to find a number of children with behavior problems in combination with other symptoms, such as mood and/or anxiety, or other combinations of mental health problems.

Chi-Square tests were used to evaluate the association between the parents' living arrangements and the different types of child presenting problems. Cell counts and percentages appear in Table 5. For most child presenting problems, there was no association between parents' living arrangements and the presence or absence of that presenting problem.

Table 5

*Association Between Parents' Living Arrangements and Children's Problems*

Presenting Problem		Parents' Living Arrangements		
		Apart	Together	Value
ADHD & Behaviour	Present	54	25	2.61
	Absent	74	29	
Anxiety	Present	27	21	6.19*
	Absent	101	33	
Mood	Present	43	14	1.038
	Absent	85	40	
Adjustment	Present	30	2	10.206*
	Absent	98	52	
Relational	Present	17	2	3.726
	Absent	111	52	
Childhood	Present	15	10	1.48
	Absent	113	44	
Abuse & Neglect	Present	7	2	.252
	Absent	121	52	
Suicide	Present	13	1	3.68
	Absent	115	53	
Substance related	Present	9	6	.836
	Absent	119	48	
Other	Present	20	5	1.29
	Absent	108	49	
Psychosis	Present	1	0	N/A (sample sz. too small)
	Absent	127	54	

Note:  $N=182$ . \*  $p < .05$ . A given child could have more than one presenting problem.

There was a significant association between parents' living arrangements and children's anxiety,  $\chi^2(1, N = 182) = 6.19, p < .05$ . When parents lived apart, fewer children than expected presented with anxiety, whereas when parents lived together, more children than expected presented with anxiety. Although there is a biological aspect of anxiety, events and stressors are sometimes linked to children's anxiety. This finding may be evidence that children who live in families where there are high levels of conflict fare better after parental

separation. Since this study does not qualitatively explore the cases of children whose parents are together, the stressors in these families are not known.

There was a significant association between parents' living arrangements and children's adjustment problems,  $\chi^2 (1, N = 182) = 10.21, p < .05$ , indicating a relationship between these two variables. When parents lived together, fewer children than expected presented with adjustment problems, whereas when parents lived apart, more children than expected presented with adjustment problems. Further exploration of significant events and stressors for this group of children may bring some clarity to the reasons for adjustment problems in this group of children. However, as stated above, files of children from intact families are not explored qualitatively, to make the comparison between the 2 groups of children, and unopened files were not explored for qualitative data. The problem of psychosis had such a small number that it was not practical to complete a Chi-square test with this variable.

Although the Child and youth mental health plan for British Columbia (Ministry of Children and Family Development, 2003) indicates that the onset of psychotic disorders "occurs most often in young people ages 13-25" this mental health problem only presented to the Quesnel CYMH centre once during 2005.

A correlation test was used to evaluate the association between the parents' living arrangements and the overall problem load for children, whether the children presented with 1, 2, 3, or 4 problems. There was no association found between parents' living arrangements and children's presenting problem load,  $r (181) = .12, ns$ , and both variables were found to be independent. Based on the literature suggesting children of divided families experience multiple challenges as a result of their parents' separation, some might expect the problem load to be greater for children of divided families. A strength-based perspective, which is



found in some of the literature, would argue that parental separation is not negative in all situations and some children fare better after parental separation, with some actually having opportunities to develop strengths.

*Cross-tabulations involving gender, age, and presenting problem*

The variables on gender, age, and presenting problem were cross-tabulated to determine which mental health problems are found more often for each gender, and which problems are found in the various ages. Among the 189 cases, males presented more often with behaviour problems than females, with males at 28.04% ( $n=53$ ) compared to 14.8% ( $n=28$ ) for females. Mood and anxiety problems were found to have presented slightly more often for females. Behaviour, mood, and anxiety problems were the concern for the majority of children who were referred to CYMH in 2005. Frequency counts for each gender for these mental health problems, as well as adjustment problems, are found in Table 6.

The gender differences for most other mental health problem areas are as follows; childhood disorders (males,  $n=19$  males, females,  $n=6$ ); suicide (males,  $n=5$ , females,  $n=9$ ), problems related to abuse or neglect (males,  $n=3$ , females  $n=6$ ), substance-related problems (males,  $n=11$ , females,  $n=5$ ), other problems (males,  $n=17$ , females,  $n=10$ ), and psychosis (males,  $n=0$ , females,  $n=1$ ). The significance of the relationship between presenting problem and gender was not tested; however Table 6 indicates the frequency of the most common problems per gender.

Table 6

*Most Common Problems per Gender*

Presenting Problem	Gender		Total
	Male	Female	
ADHD & Behaviour	53	28	81
Mood	23	35	58
Anxiety	24	26	50
Adjustment	17	15	32

Cross-tabulations between age and presenting problems for all 189 children indicate the most frequent age of each mental health problem category (see Table 7). Although 15-year old children presented with anxiety more often with a count of 8, there were equal number of 14 and 16-year old children, with counts of 7 each. Although the most frequent age of children presenting with suicide concerns was age 10 ( $n=4$ ), adolescents between ages 13 to 17 made up double the number of referrals ( $n=8$ ). Cross-tabulations between age and gender are shown in Table 8. Most age and gender cross-tabulations showed minimal differences between them, except for fourteen 6-year old males while there were no same age females.

Table 7

*Presenting Problem and Age Cross-Tabulation*

	Age	Number of each age
ADHD & Behaviour	12	12
Anxiety	15	8
Mood	17	10
Adjustment	10	7
Relational	11	4
Childhood	6	5
Abuse & Neglect	4 and 6	2
Suicide	10	4
Substance related	17	4
Other	12 and 15	4
Psychosis	13	1

Table 8

*Age at Time of Referral and Gender Cross-Tabulation*

age at time of referral	gender		Total
	female	male	
1	0	1	1
2	1	0	1
3	0	1	1
4	2	1	3
5	3	3	6
6	0	14	14
7	6	5	11
8	3	6	9
9	6	6	12
10	5	8	13
11	5	9	14
12	7	8	15
13	8	5	13
14	11	8	19
15	11	9	20
16	9	5	14
17	8	7	15
18	2	5	7
19	1	0	1
Total	88	101	189

N=189

### *Results of the qualitative analysis*

Descriptive information obtained through a content analysis of textual data for 57 children's files, whose parents had separated or divorced and who received child and youth mental health services, allowed for common key themes to emerge. Rather than determining particular causal agents, these key themes add to the understanding of the complex mingling of, sometimes overlapping circumstances present in the lives of this group of children, and how children's mental health may be impacted. Through the course of the analysis the original 10 categories were expanded, and then reduced, organized, and coded systematically for further qualitative exploration and reflection. Common themes found among the children, and their families, are provided in Table 7.

Table 9

#### *Common Themes About Children from Divided Families*

Theme 1 Family	Theme 2 Stressors	Theme 3 Mental Health problems	Theme 4 Support	Theme 5 Resilience
<ul style="list-style-type: none"> <li>• Custody</li> <li>• Single parents</li> <li>• Blended families</li> <li>• Gender differences</li> <li>• Family interactions overlap with stressors</li> </ul>	<ul style="list-style-type: none"> <li>• Conflict in parental and family interactions</li> <li>• Domestic violence</li> <li>• Alcohol and drug misuse</li> <li>• Child protection concerns</li> <li>• Parental mental illness</li> <li>• Multiple moves</li> <li>• Income</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Prior problems unidentified</li> <li>• Most frequent diagnoses</li> <li>• Gender differences</li> <li>• Age differences</li> </ul>	<ul style="list-style-type: none"> <li>• CYMH intervention</li> <li>• Integrated approach with multiple service involvement</li> <li>• Local, regional, and provincial support</li> <li>• Specialized services</li> </ul>	<ul style="list-style-type: none"> <li>• Individual traits</li> <li>• External resources</li> <li>• Social support</li> <li>• Relationships and social interactions</li> <li>• Community involvement</li> <li>• Absence of key stressors</li> </ul>

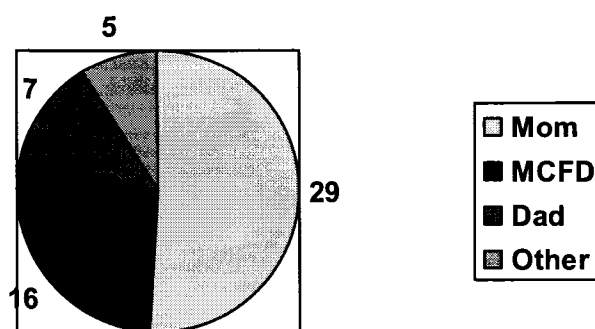
### *Family*

Obviously all of the children, whose files were reviewed, have lived with a single parent for some period of time, however short or long that period was, and the family structure did not become static for most of these children at the point of their parents' separation. Changes had occurred for many children including moves between parents, blended family arrangements, step-parents, and step and half-sibling relationships. Custody arrangements sometimes change for children, whether parents have a legal custody order or not. Some children experienced more than one family separation, with parents' re-involvement with new partners and separations with some of these unions. Some children moved back and forth between their parents, without apparent changes to legal agreements. Initial quantitative evidence from SPSS-11 indicates that the largest family group, from the original sample of all 189 children's files, was separated mothers ( $n=75$ ). Forty-eight were with both parents in intact families, 28 children were in MCFD foster care, 15 in father's custody, 10 in the custody of another person, and 6 children in the joint custody of both parents. The custodial parent was unknown for 7 children. Of the 57 children of divided families who were included in the qualitative analysis, 12 children (21.05%) moved back and forth between parents, and of those 12, 8 were living with their mother and 4 were living with their father. Children, whose parents had joint legal custody, were living solely with their mother in 2005. For 29, out of the 57 cases that were opened to provide services, those children were in the physical custody of their mother; 9 were in blended families and 20 were with single mothers. Seven were in the care of their fathers; 3 in blended families and 4 with single fathers. Sixteen of the 57 children were in the care of MCFD in 2005 and living in foster homes, while 5 were living with others, including various family members. One

child, who was in the joint custody of both parents, was referred twice in 2005, and the second time this child was referred; the custodial parent had changed to the mother. This child was only counted once in the total number of children for the qualitative analysis. One child's parents had legal joint custody, but he lived with his mother only. The qualitative section of this study was interested in which parent had physical custody; who the child lives with.

Twenty-four of the children had lived in a blended family situation at some point, and 12 of these children are currently in a blended family situation. Of these 12 blended families, 10 of the children were with their mother and a step-father. Thirteen children were identified as having step-siblings, and the term "half-sibling" was used at times, although this number may not be accurate as many families may choose to not identify siblings as "step" or "half." There were 24 single parents at the time the data was collected, with 20 single mothers and 4 single fathers. Five of the children, that were identified, experienced parental separation more than once. The distribution of the number of custodial parents is found in Figure 4, which shows the high proportion of children in their mother's care, whether these are single mothers or a blended family structure, compared to other custody arrangements.

Figure 4. Custodial parent



Three common family type sub-groups were identified; those with single parents, in blended families, and children living in foster care. The circumstances and situations of single and blended families were explored further, comparing them with each other, and finding linkages with other themes. Although family interactions and relationships were explored, this variable overlapped with psychosocial stressors and significant events as well. Results of family interactions and relationships are discussed with psychosocial stressors, which are linked back to the family sub-groups further in this report.

#### *Psychosocial-economic stressors*

While several psychosocial stressors and significant events were identified for the children whose cases were explored, five key themes arose including; high levels of conflict, parental alcohol and/or drug misuse, parental mental illness, child protection concerns, and economics. Other stressors and events were less common among this sample population. Other events or stressors that were significant for families but less common included moves between different communities, death of a family member, lack of contact with the non-custodial parent, geographical and/or social isolation, legal problems, and the child's experience of bullying. When considering overall stress-load for individual families, the majority had experienced several major stressors. Two families had experienced 7 stressors, 10 families experienced 6 stressors, 17 families had experienced 5 stressors, 15 families experienced 4 stressors, 10 families experienced 3 stressors, 2 experienced 2 stressors, and 1 experienced only 1 stressor.

High levels of conflict were found in 41 of the 57 families. Domestic violence was identified for 23 of the families. Many of the children were having high levels of conflict, from volatile arguments to acts of violence, with other siblings. This was found for 24 of the

children; 14 female children and 10 for male children. There was little difference between genders for sibling conflict. Poor, or negative interactions, and conflict were found between 37 children (17 males, 20 females) and others, including not only siblings but sometimes parents, peers, or other adults. The words “conflict,” “aggression,” “fights,” “screams,” “argues,” and “provokes,” were often used to describe sibling relationships. Although conflict for these children appeared common, any gender differences appeared minimal. Although conflict was a common theme for the families in the sample population, 13 of the children who had negative relationships were also identified to have a positive relationship with at least one parent.

Many of the parents involved in these cases had alcohol and/or drug misuse problems. One or both parents were identified to have misused alcohol or drugs in 34 of the case files. There were 10 cases where mothers misused substances, 12 cases where the father misused substances, and 12 cases where this was the case for both parents. When compared with the initial quantitative statistics, 16 of the children among the 189 cases had substance-related problems, 9 of those from divided families. Nine children in the qualitative analysis were also found to have used substances at some point.

Child protection services have been involved with many of the children in the case file sample at some point in their life. Child abuse and neglect is a common theme among 47.4 % of the cases; 25 families had child protection services involved in their life at some point regarding abuse or neglect concerns, and 2 others had previous abuse mentioned in their files yet it was not indicated if MCFD had been involved. Child abuse situations did not occur solely within the family context; some children had experienced abuse by members



outside of their family, but not by family members. As stated earlier, 16 children were living in foster homes in 2005.

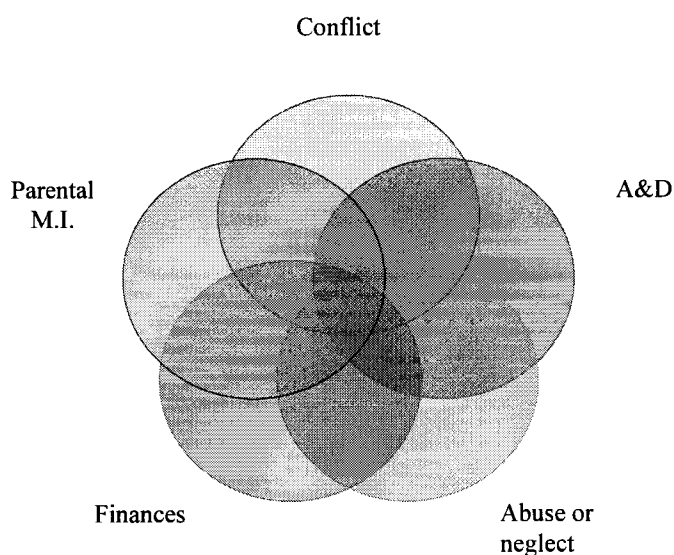
A family history of mental illness was a theme among 70.2% of the 57 cases reviewed ( $n=40$ ). All cases, where mental illness was identified for a family member, were included in the initial count, including grandparents, aunts, and uncles. Parental mental illness was also common with 56% of cases ( $n=32$ ) having either one or both biological parents with a mental illness, or symptoms of mental illness, at some point. There was a difference between genders with 25 mothers and 15 fathers identified as having symptoms and/or diagnoses of a mental illness. While 14 of the 25 mothers were identified as experiencing a depressive mood problem, anxiety and suicide were also concerns at some point for others. There was such a range of mental health problems for fathers that no one problem category stood out, although depression and ADHD were identified among them. Among the stressors involved for the families where parental mental illness was identified, high levels of conflict ( $n=21$ ) was present in many cases with domestic violence identified for 17 families, and parental relationships described as volatile for 4 others.

Economics and financial strain, was identified as a stressor for 40% of the families ( $n=22$ ). Fourteen of the cases where financial strain had been a stressor are cases where the mother has custody. Five of the children with this experience in their family were in foster care when the data was gathered, and 3 were in the care of their fathers. The custodial parent prior to the children entering foster care was not clear from the file information.

It appeared that various psycho-social-economic stressors were overlapping in many of the 57 files reviewed. Figure 5 provides a visual picture of these stressors that presented most often. Considering the overlap of multiple problems for such high numbers of children

accessing mental health services in 2005, there is a high probability that psycho-social-economic stressors have influenced the manifestation of mental health problems in the children.

Figure 5: Overlapping psycho-social-economic stressors



Conflict: 41 families  
 Alcohol &/or Drugs: 34 for one or both parents  
 Abuse or neglect/Child protection concerns: 25  
 Finances/Economic Strain: 22  
 Parental mental illness: 40 for one or both parents

### *Children's mental health problems*

In review of the mental health problems of the sample population, the initial quantitative statistics about the onset of symptoms and the timing of the referral (whether before, during, or after the parental separation) were considered. Mental health problems found most

frequently, whether they were diagnosed by someone licensed to make diagnoses, or provisional diagnoses by a clinician, were identified. Some gender and age differences were found among them. The specific timing of the separation or divorce was not documented in all case files, although there was identification of the parental separation and the onset of the child's symptoms. It is interesting to note that most children from the sample of 57, had symptoms of mental illness for over two years ( $n=45$ ) prior to the referral to CYMH in 2005. Only 3 children had an onset of symptoms less than 3 months, 1 child had an onset between 3 to 6 months, 1 child had an onset between 7 to 12 months, and 7 children had the onset between 13 to 24 months prior to referral. Only 2 of the 57 children had been referred before the parental separation, while the remaining 55 were referred after the separation. Thirty-one children had been referred to CYMH because of various symptoms, with behavior problems showing up most often ( $n=23$ ), and a variety of other problems including; mood, anxiety, developmental delays, and various combinations of the above. Twenty-six children had no previous referrals for mental health services even though problems had been observed earlier.

The most frequent diagnoses found among the children's files, in the qualitative analysis, were ADHD and behaviour problems ( $n=23$ ), anxiety ( $n=23$ ), and mood problems ( $n=18$ ). This is consistent with the quantitative analysis which found higher rates in these 3 problem categories. As with the quantitative analysis on the presenting problems, diagnosed mental disorders were often found in combination with other diagnoses. Although there were not major differences in the numbers of children presenting with most mental health problems, there were higher numbers of males with ADHD and behaviour problems, and there were higher numbers of females with mood and anxiety problems. The number of

behaviour problems among the children was higher for males than females with a count of 17 for males, and only 6 for females and the ages ranged from age 6 to 18. Of the 18 children with mood problems, only 5 were males while 13 were females and they were all adolescents age 11 and older. Anxiety problems were also more prevalent among females than males, with a count of 15 females and 8 males with a diagnosis of anxiety. The age range of anxiety problems was between age 7 to 19, with the mode age of 13, and with 5 adolescents diagnosed with anxiety. Although these were the most common diagnoses of children who accessed CYMH services in 2005, other disorder categories that were found included; relational problems ( $n=14$ ), adjustment problems ( $n=8$ ), and disorders usually diagnosed during childhood with one of those being attachment disorder for 8 children. Although a relationship was found between adjustment problems family status for children from divided families in the quantitative analysis ( $n=30$ ), files were only open for 8 of the 30 children, therefore the qualitative analysis was only able to explore files for the 8 children. Among the 8 children with adjustment problems in the qualitative analysis there were several significant stressors and/or events found that had been experienced by that group of children, making it difficult to conclude that the adjustment problems were solely the result of parental separation.

### *Support*

The majority of families in the sample of case files had accessed various forms of support, not only as a result of CYMH involvement, but throughout the children's lives. The general theme of support incorporated prevention services, early intervention services, assessment, treatment, and specialized services that were accessed locally, regionally, and provincially. However, also under the support theme, was a more general theme, common to

each of the 57 cases, which was the access of treatment intervention services. All but one family had accessed, either previous to the CYMH referral and/or as a result of the referral, multiple services. Prevention or early intervention services were rarely mentioned, while many families accessed assessment and treatment intervention services. No services, specific to issues of separation and divorce, were mentioned in any of the case files that were reviewed. Services that families accessed prior to the referral in 2005 were sometimes voluntary support or intervention, while MCFD foster care was likely more often a result of child protection concerns. Services accessed included; counseling ( $n=36$ ), foster care ( $n=17$ ), parenting education and support ( $n=12$ ), life skills for adolescents ( $n=8$ ), school learning support ( $n=9$ ), and 34 families had accessed specialized assessments as intervention. Services that families were accessing during their involvement with CYMH in 2005 included; psychiatric assessments ( $n=23$ ), counseling/therapy ( $n=40$ ), parent support and education ( $n=24$ ), and medication ( $n=19$ ), while 28 families were accessing other supports such as school supports and youth care workers in response to identified concerns. CYMH intervention tends to include; assessment and direct therapy; accessing psychiatric and psychological assessment, medication prescription and monitoring, and reviews; parent education and support; and referrals to other services. An integrated approach is often used, with involvement of the multiple services that children and families draw upon.

The types of services generally drawn upon in support of these children include local, regional, and provincial supports and services. These tend to include primary physicians, psychiatric and psychological services, schools, parenting programs, youth care workers, youth forensics, other specialized assessments, and alternate counseling programs (e.g. addictions services). Regional and provincial supports include those that families either must

travel to such as residential assessment and/or treatment services (e.g. British Columbia Children's Hospital), or must wait for specialists to travel to the community to provide outreach services, such as psychiatrists and psychologists. The Quesnel community is considered fortunate, compared to other Northern rural communities, in that an outreach psychiatrist travels from Vancouver approximately every 6 weeks to provide assessment services in Quesnel. Some Northern rural communities might consider the frequency of these clinics to be a luxury, while such services are more abundant in urban centers.

### *Resilience*

Mental health assessments generally focus on an illness perspective, since the assessment includes gathering a lot of information about problem areas and symptoms and indicators of mental illness. However, some indicators of resilience were identified for every child in the cases reviewed, either in clinician assessment formulations or specialized assessment reports. The main indicators of resilience included those that fell under the categories of individual traits and external resources such as relationships, and social/community support and involvement. Twenty-seven children had at least one, and sometimes more, positive characteristics mentioned about them in their files. Twenty-nine children were described as having a good relationship with at least one family member, including parents, step-parents, siblings, and other relatives. Ten children were found to have a good relationship with at least one other person, including relationships with teachers, youth care workers, foster parents, and close friendships. Accessing community supports, including extra-curricular activities, was considered a factor in promoting resilience in children. Eighteen of the children were accessing community supports, while 16 had accessed supports in the past. Other factors that could be considered either indicators

of resilience or factors that may promote resilience in the children, that were found in the case files, included involvement in spirituality, positive academic experiences, the absence of high levels of conflict, positive financial situation, and good health. These factors were not found as often in the files of the sample population. No apparent gender differences were found. Similar words were used to describe both males and females, such as responsible, confident, athletic, intelligent, imaginative, caring, compassionate, friendly, and pleasant. Other descriptive words about children's individual traits are included in the area of academics for some children.

#### *Academic situation*

Although the children's academic situations were examined in the initial general categories, the school situation did not appear to be a major theme in this study. The children were divided in how they were managing with academics, behaviour, and peer relations at school. In regards to academics, 22 children had struggled in at least one subject area, which means that 35 children had no academic problems identified. Of the children who experienced academic problems, 15 were male and 7 were female. These children had either experienced learning problems, had failed or were behind 1 to 2 grades, they had modified subjects, or had an individual education plan. Sixteen of the children were identified as having some behaviour problems at school, with similar numbers for males ( $n=9$ ) and females ( $n=7$ ), while 41 children had no school behaviour problems documented in their files. Of the children where behaviour problems were identified, terms used to describe the problems included peer relations (e.g. bullying, fights, bossy, and aggressive) and general behaviour (e.g. disruptive, demanding, uncooperative, argumentative, non-compliant, and hard to motivate). Positive words used to describe some children's behavior

and academics included “lots of friends, gets along well, well-behaved, leader-style, creative, bright, smart, intelligent, energetic, avid learner, imaginative, excels, and honor role.” These descriptive words also describe positive individual traits that could be considered indicators of resilience.

### *Interactions between family type and other categories*

Once all of the initial general categories were analyzed and key themes were identified, these were compared with the 2 most frequent family types, single parents and blended families. Although the group of children, who were living in foster care ( $n=16$ ), was larger than the blended family group, this group was not explored in detail for this study. Child protection concerns are present for this group, domestic violence was noted for 10 and the word “conflict” was noted for 4 of the children’s families. Future researchers may wish to focus on a larger sample of foster children if questioning the link between parental separation and children’s mental health in this population. Although the sample sizes of single and blended families are not large, they are the largest family subgroups.

There were 24 single parents; 4 single fathers and 20 single mothers (83%), and 12 of these families had been in a blended family situation at some point; 10 of the mothers and 2 of the fathers had been in blended families. Multiple psychosocial stressors were common among children in the single parent homes, although not all families experienced all of these stressors, they included; economic struggles ( $n=11$ ), going back and forth between the care of each parent ( $n=9$ ), high levels of conflict ( $n=13$ ), parental symptoms or diagnosis of mental illness ( $n=16$ ), alcohol and/or drug misuse ( $n=14$ ), lack of contact with a non-custodial parent ( $n=11$ ), and abuse and/or neglect by someone (sometimes this is a non-related person). Academic problems were not all that prevalent among children in single



parent homes; 4 were identified to have learning problems, while only 4 had either gone down to average or below average grade levels.

Eighteen of the children had an onset of symptoms of over 2 years, while 11 had no prior referrals for CYMH services. Anxiety and mood problems were found more often in females of this group, with 11 females compared to 1 male experiencing anxiety, and 10 females compared to 1 male experiencing mood problems. Behaviour problems were found slightly more in males with 3 males and only 1 female. Problems experienced by males, but not in the females, of the single parent population were disorders usually diagnosed in childhood such as Autism and other learning disorders, and Reactive Attachment Disorder. Relational problems were found equally in only 4 of the 24 children of single parents.

While only 21% of the children were living in blended families at the time the data was gathered ( $n=12$ ), this family type has been experienced by 57.9% ( $n=33$ ) of the 57 children in the sample used in the qualitative analysis. As well, some children had experienced a change in family structure 2 or more times when their biological parent separated from their step-parent ( $n=5$ ). Blended families and single parent families were similar in that children were most often in the care of mothers. Nine out of the 12 children in blended families were with their mother and a stepfather, and sometimes siblings and step-siblings, although some step-siblings were not living with their father and step-mother. The ages of these children, living with their mothers and step-fathers, ranged from age 5 to 18. The most frequent diagnosis was ADHD and Behavior Disorders ( $n=6$ ) and Disorders usually diagnosed in childhood ( $n=5$ ). Other disorders were always present in combination with behavior or childhood disorders; including Relational Problems, Mood, or Anxiety. Only two children received a single diagnosis; one had anxiety and another child had a Relational Disorder.

Specialized intervention services were accessed by 7 of the families, with psychiatrist assessments provided for 6 of the children. Psychiatrist services were involved for all children where childhood disorders were diagnosed, and these disorders included Autism, Learning Disorders, and Tourettes Disorder.

Psychosocial stressors and events present for 12 blended families were similar to the larger sample of case files for 57 children, which was also similar to single parent families. High levels of conflict were, or had been, present for 75% of the children in blended families ( $n=9$ ). Other stressors had been present at some point for up to 50% of the families; child protection concerns had been a concern for 5 families, substance misuse had been present for 4 families, parental mental illness was present for 5 families, and financial struggles were present for 4 families. In closer review of these stressors, it became clear that the stressors were not present in all of the current blended family situations but some were present when the child lived with both biological parents. The stressors present in the child's life had occurred within the biological family, and not the blended family, for 3 families. Stressors were present for 2 children in both the biological and blended families, and in the blended family for 4 children. Because of the small sample of case files for blended families, and the range of diversity among them, it is not possible to make generalizations about children's mental health in combination with separation and blended families. The only consistent theme among blended families is that there have been other psychosocial stressors for each of these children. As well, there were indicators of resilience for all of the children in this group. There was only one case where a custody dispute between biological parents was noted. This appeared to be the only stressor in the life of this child. One child had experienced changes and losses with a move from another community, yet no other stressors

were present. In this case the child described relationships with both biological parents, and the step-parent, as good and that the relationship between the biological parents had remained “amicable.” That child has regular contact with the non-custodial parent, despite distance between communities, is involved in extracurricular activities, and is described as having an “easy temperament.”

*Children’s adjustment problems and parental separation*

As there appeared to be an association between children’s adjustment problems and parents’ living arrangements, from the quantitative analysis, this relationship was explored further in the qualitative analysis. Out of 189 cases, there were 32 cases where one of the presenting problems was adjustment and 30 of those were for children whose parents had separated. Only 8 of the 30 cases were opened to provide services to the child. These 8 cases were explored further for information about other stressors or events that may have influenced the presentation of adjustment difficulties. Other significant events and stressors had occurred for all of these 8 children; indication of parental mental illness was present for one or both parents in 7 of the families, there was either domestic violence or a volatile parental relationship in 7 of the cases, children lacked contact with a parent who lived in another community in 6 cases, child abuse and/or child protection concerns had been present at some time in 5 cases, and half of the families had moved to Quesnel from another community. Other stressors for some of the children occurred less frequently including; death of a family member, alcohol and/or drug misuse by a parent, and living situations other than parents such as foster care or others. As domestic violence and/or a volatile relationships between parents appeared to be significant among this small group, the cases where this was a concern were explored. From those 7 cases, parental mental illness (or

symptoms of mental illness) was mentioned for 6 of the cases. Three children had experienced moves from a different community, and 4 children had a parent who was living in a different community. Although it appears, at first glance, that parental separation might cause adjustment problems in children, it is not possible to draw conclusions from these findings because of the small sample and the presence of significant events and stressors that might also lead to adjustment difficulties.

One case example illustrates the complexity of the family that is common among several other children and youth in this study. This adolescent, who is given the fictional name of Kris to protect this person's gender and identity, was diagnosed with anxiety, depression, and substance-related problems. Kris' parents divorced when Kris was young and they share custody, yet Kris moved between mother and stepfather's home, and father and stepmother's home in a different community, before settling with mother and stepfather when father was unable to manage behaviors Kris displayed. Kris has biological and stepsiblings. Kris lacked contact with each nonresidential parent while living with the other. Kris' mother and stepfather misused alcohol and when they did, they engaged in high conflict situations, which sometimes led to domestic violence. Kris witnessed the violence and experienced physical abuse by stepfather. There were ongoing financial struggles for the family and both mother and stepfather had symptoms of mental illness. Kris described personal symptoms of mental health problems for the past several years, yet Kris had never accessed counseling services before. Despite the multiple ongoing problems throughout Kris' life, indicators of resilience are documented; both individual traits and external resources, including positive relationships with some family members. It was not possible to determine the exact point at which mental health problems developed. These issues are not present in all blended

families, so care should be taken to not generalize. However, as stated above, the example of Kris is one that was common to many children and youth in the sample population of this study, and it illustrates the complexity in the lives of these children.

## CHAPTER FIVE

### Discussion

The purpose of this thesis research was to understand the impact of parental separation and divorce on children's mental health in a Northern rural community. Rather than being locked into one particular research perspective I took a multi-theoretical perspective to content analysis methodology, and placed a large emphasis on psychosocial factors involved. Although I found a high prevalence rate of children of parental separation who were referred for mental health services, I found few differences between these children and children from intact families in the quantitative analysis. I was also interested in exploring for any factors that might be involved in the children's mental health, such as social determinants, and any possible gender differences. As well, since some literature suggests that many children are resilient, they adjust fairly well, and may actually gain some positive outcomes through parental separation, I was interested in the resilience indicators for children of divided families. CYMH case file information did not answer all questions about this population, but the multiple sources of information in the files provide some clarity about the mental health of these children, and that it may not actually be the event of the separation that is the cause of the presenting mental health problems. There are multiple factors involved, and key themes identified in this research have implications for social work practice. The results of this study build on other findings that family structure may not be the causal agent of child mental health problems, but rather children's mental health may be more negatively impacted by a complex set of other psychosocial stressors and events.

Divorce rates rose with changes in divorce laws, yet there may have been significant mental health problems for children prior to these changes that went unidentified. With

ongoing research mental health problems are better understood among the general population, thereby increasing the likelihood of problem identification. There are many other factors thought to be associated with the deterioration of a person's mental health, not only within the context of the family unit, but also as a result of environmental and social factors such as social isolation and disconnected social networks linked with decreased social capital (Putnam, 2000). With the increase of divorce rates, and the increased visibility of divided families in the media, there is increased acceptance of separation and divorce. Along with this has emerged research that concludes divorce negatively impacts children. The subject of divorce has been constructed into a social problem negatively impacting children's mental health. More recent studies that explore this subject from different angles have found other factors that may have more influence over children's mental health than family structure alone, and have found problems among some of the research methods.

#### *Key themes*

This study identified key themes among a number of psychosocial factors and significant events that were involved in these children's lives, besides the parental separation or divorce. Key themes that arose from the qualitative analysis include; family, stressors, mental health problems, intervention, and children's resilience, while there was some overlap between these categories.

The majority of children, whose cases were reviewed in part-two of the study, had been in both single and blended family situations, with step-parents and sometimes step-siblings. Many children experience multiple changes in family structure with their parents going through more than one separation. Most of the children from divided families were living with their mothers, either in single or blended families. Children initially identified as being

in the joint custody of both parents were found to have moved back and forth between the homes, and they were in the physical care of their mothers' at the time of this study.

Regardless of which parent had legal custody, some children moved back and forth between both parents. Single parents made up a large group of family types, with more mothers than fathers. Parental separation and divorce is a "transitional event" (Cherlin & Furstenberg, 1991) that leads to a series of events, such as further changes in family structure. There can be emotional adjustments for all family members to make with these changes, perhaps some positive changes included. There was some indication of stressors being present in biological families before separation rather than in newly blended families. There were stressors in other blended family cases however.

High levels of conflict, including volatile relationships and/or domestic violence, appear to be the stressor that came up most often for children of divided families. Conflict was present prior to the separation, and sometimes in blended families, but it was unclear, from the file content, as to whether parental conflict continued between the biological parents after the separation. Parental mental illness was present in the majority of case files reviewed, with either one or both parents, and high levels of parental conflict were present for 21 of those particular families. It appears that conflict may be a more significant culprit in parental and child mental health problems rather than family structure. Where there is parental mental illness, parents may be less able to respond to their children's emotional needs or even identify that there may be a problem. Other stressors that were present for many families, but appeared in the case files less often, included; alcohol and/or drug use by one or both parents, financial struggles, geographic or social isolation, and child protection concerns. Child protection concerns can arise when domestic violence and alcohol and/or



drug misuse place children at risk of harm. Some children had experienced abuse, but not always from a member of their family. Other significant events identified that impacted children were losses that resulted with a move from another community, or loss of a family member through death, though far less common. Many stressors had been present in the lives of the children from separated parents who were referred to CYMH in 2005, which makes it impossible to conclude that parental separation is linked to these children's mental health problems. Although some stressors may occur in a domino effect after separation, such as a decline in standard of living and a host of other factors for some families, the majority of the key stressors for the children in this study were already present before the separation.

#### *Children's mental health problems*

Both the quantitative and qualitative analysis results found ADHD and Behaviour problems, mood problems, and anxiety were the most common disorders found in the children's files. There was no significant association found between parents' living arrangements and children's mental health problems, except for adjustment and anxiety. An unexpected finding was the higher rate of anxiety for children from intact families. This finding might concur with research that suggests parental separation can provide some relief from families with high levels of conflict. However, this study did not compare the two types of families in the qualitative analysis; therefore no conclusive statements can be made. Further qualitative research, with both family types (separated and intact) would help bring clarity to this issue. The higher levels of adjustment problems, combined with the length of time symptoms were present, suggests that as adjustment problems may diminish, alternate mental health problems may develop, as suggested by Spigelman and Spigelman (1991).

Halonen and Santrock (1997, p. 6) define adjustment as “the psychological process of adapting to, coping with, and managing the problems, challenges, and demands of everyday life.”

The findings of this study concur with other researchers who found higher rates of behavior problems in males, and higher rates of anxiety and mood problems in females. Although most children did not appear to be experiencing academic problems, out of the children who were experiencing problems in school, this occurred more often for males than for females. Words and phrases used to describe the personal resiliency traits of the children in the assessment reports did not appear to have any gender stereotypical references. Many children, both males and females, were described with words and phrases that have been thought of as feminine and masculine historically. For instance a child could be described as intelligent, well mannered, outgoing and outspoken, friendly and kind. There was some form of resilience factor described for every child in the case files, although some children had more descriptions of resilience than others. The other gender issue identified is that many children, both males and females, are living with their mothers, as has been stated already. As noted earlier in this thesis, the majority of children referred for services were school age and adolescent children, with a mean age of 11.7 and a mode age of 15. This information does not add to the understanding of children’s experience of parental separation, but it could be useful when considering community development initiatives, and training that is provided to service providers.

#### *Theoretical explanation*

A combination of theories helps explain the complex nature of the effects of parental separation. While the theories discussed in the literature review; a feminist perspective,

psychosocial, social-construction, and developmental and attachment perspectives, are ones that I find most helpful in understanding this issue, there may be other theories and perspectives that help illuminate the subject as well. A number of issues arise from this thesis research that feminists are concerned with, such as the high number of children that are living with their mothers with a host of stressors, both pre and post-separation. These findings point to high levels of conflict (sometimes domestic violence) and parental mental illness. While there is a biological influence in mental illness of children, the fact that many of these families have experienced domestic violence, or volatile parental relationships and other stressors, may help explain contributing factors of the experience of parental mental health problems. The case files do not clarify who the perpetrator and victim of violence in these relationships are, but there is a significant amount of research that finds women most often the victims of violence; research that is not provided in this thesis. I am cognizant of the fact that women have been the perpetrators of violence as well in some relationships. Regardless of who is to blame for violence in relationships, children of these parents can be affected in different ways; through witnessing violence, sometimes being physically abused, by parents not being emotionally available, possible parental substance misuse, and sometimes economically. Although some authors may argue that both parents experience economic decline after separation, and that the decline for custodial parents is not that significant, there is still acknowledgement that the standard of living goes down for many custodial mothers and their children (Braver & O'Connell, 1998). While joint parenting seems like it could be a viable alternative to ensure shared parenting responsibilities, including financial responsibilities, the results of this study found that some children move back and forth between parents and often end up living with mothers. Research that

considers the perspectives of the children and both parents would add to the knowledge about the economic implications of separation for children.

The high number of children who had an onset of symptoms over 2 years before help was sought out is an indication that perhaps parents do not always recognize that their children are struggling. It is unclear, from this study, as to whether children are struggling with adjusting to the separation or struggling because of all the other stressors in their lives. There may be a connection, since the study results also indicate that some children with adjustment problems were referred 3 to 6 months after their parents' separation. This sample, in combination with the fact that most children receive services after the symptoms were present for 2 years or more, might suggest that children were having difficulty adjusting to the separation and that this manifested into additional mental health problems. Most of the children with adjustment problems did not have a file opened with services provided. Often parents have expressed concerns that their children are experiencing emotional problems as a result of parental separation, yet the symptoms described may fall within a normal range of response and not disordered. In cases such as this, referrals might be made to alternate services that are more appropriate.

*Implications for social work practice in a Northern rural context*

One of the problems that parents encounter in small Northern communities is that the needed services are not always available in their home community. The nearest community for Quesnel residents to access services, not available in Quesnel, is in Prince George. With a 236 kilometer round-trip, at 97.9 ¢ per liter, in an average vehicle it would cost \$27.51 per trip (E Northern BC, 2007). This does not include the 2 hours and 57 minutes, on average for travel time (E Northern BC), and the wear and tear on vehicles, such as rock chipped

windows from the sand and gravel placed on Northern roads in the winter season, and the danger of wildlife crossing these forest roads. Because of the weather and terrain in Northern communities, many families use trucks and other four-wheel drive vehicles, which can impact fuel costs. For families where finances are a problem and transportation might be not available, travel for services is not an option. Travel for the purpose of accessing services likely includes taking time away from paid employment as well. Social workers could advocate for families to access resources. Some types of specialized services can be accessed within the Quesnel community, but others are provided on an outreach basis or in other communities for families that are willing and able to travel. A psychiatrist travels to Quesnel approximately every 6 weeks, but other Northern rural and/or remote communities are not as fortunate. Other specialized services are less accessible in Quesnel. Except for legal services, services that specialize in issues facing family members who are experiencing a separation are not available in Quesnel; most of the services available for this population are found in urban centers.

The study results have some implications for social work practice and social policy, prevention and early intervention community development initiatives, as well as for other disciplines working with families in various ways. Because many social work practitioners in rural communities are generalist practitioners, all social workers are likely to come into this situation in one form or another. It is important for social workers to understand the implications of complex combinations of psychosocial factors that can be involved for children who experience parental separation, living with single families, and changes experienced with blended family situations. Mental health problems in children may not necessarily be a result of parental separation, although parental separation can be one of the

many transitional events that influence mental health. A strength-based approach could draw on personal, social, and environmental strengths to help children adjust to this transition in their lives and help build their resilience.

It was clear from the study that most families access a variety of different services, and that primary physicians are one of the first supports that many families access when struggling with children's mental health problems. As recommended by Bernard-Bonnin (2000), physicians can provide support, advocacy, and referral for these families. Referrals to adult mental health programs may be appropriate for many parents, since this study found many parents to have symptoms of mental illness. A multi-pronged approach, that addresses the multiple problems experienced, would likely be most helpful. Because smaller communities tend to have close-knit relationships, social workers have opportunities to develop positive relationships with the medical community and other service providers.

The families in this study tended to access services that provided assessment and treatment intervention to manage existing problems. With a move towards prevention and early intervention, community development initiatives could include services that address conflict and violence in relationships, as well as mediation and education programs for parents and children during the process of separation and divorce, if such services are appropriate to each case. As the literature review points out that mediation services are not always appropriate, especially where there are control and violence issues in relationships, mediation services should not be imposed upon parents, although some parent education programs are imposed upon parents. Some issues, in some cases, are best resolved through the legal processes that are in place.

There are so many programs already in existence that could be replicated in rural communities to help parents and children. Educating parents about the impact of separation on children and strategies to reduce the risk of their children being negatively impacted by separation and divorce should be considered. With the highly emotional state that many parents experience with separation and divorce, knowledge about possible effects on children, behaviors to avoid, and strategies to implement, it might not be possible to have complete success with this knowledge without parents having access to supports to deal with their own emotional states. Although there was no comparison of psychosocial influences with divided families whose children are not accessing mental health services, this study concurs with authors that indicate many separated single parents are in a position of economic disadvantage. Although it can be expected, in many cases, that both parents experience a decrease in income, raising children is an expensive proposition and social policies and legal measures have been required to hold some parents financially responsible for their children. While I recognize that this is not the situation in all cases, and many fathers are very responsible when it comes to providing for their children, if this was the case for most families, child maintenance enforcement programs would not be as needed. I use the example of fathers only because this study, and studies before this, found most children of parental separation to be in the care of their mothers. Further research, with both parents, including the voices of fathers and parents who have joint custody arrangements, could add to the information about this area of the separation/divorce subject. The issue of financial strain for children from divided families is much bigger than merely a lack of child support. Social policies can do much to ease the burden of child poverty, with improvements such as ensuring equal wages, education and training opportunities for parents who have

been out of the workforce to raise children, and quality affordable child care. These are just a few of the social changes that could ease the burden on already fragile families.

An integrated collaborative approach is often promoted for most disciplines when working with families effectively. The types of services that families in this study have accessed in the past, at the time the referral to CYMH was made, and as a result of CYMH intervention, involves many types of services. Whenever possible, there should be collaboration among services providers. Issues of the unavailability of specialized services in Northern rural and remote communities could be addressed by community development initiatives, making services affordable for families, and increasing the amount of outreach services to these areas. Quesnel is similar to other Northern rural communities in the population size and the issues that impact people in the community, but there are other Northern communities that are far more remote with much fewer resources available. Although outreach services might be expensive, the long-term reduced cost to society through prevention and early intervention would be worth the initial investment. While there may be some advocates for divorce law reforms to make it more difficult to obtain a divorce, controls such as this may not lessen the effects of relationship violence upon children's mental health. This study found an association between children's anxiety and living in intact families. Although a genetic predisposition towards anxiety may be one explanation, another explanation might be that conflict within marriages has negative effects upon children's mental health. Further research comparing highly conflicted intact families with divided families, would help clarify this issue. As well, many couples are choosing common-law options instead of marriage. Reforms that return to more societal controls placed upon men and women and their decision to separate is not the answer to reducing



mental health problems for children, particularly with the amount of evidence that points towards conflict in families rather than family structure, as being highly problematic. For those who wish to resolve problems that lead to separation and divorce, access to voluntary mediation and marital counseling may benefit some families. Supports could be made available that help maintain healthy family and marital relationships, as well as for children and families when separation and/or divorce do occur.

### *Limitations*

There are some clear limitations within this research study. Some of these limitations have been discussed throughout this thesis, but there are other limitations as well. The sample, within the case files, represents an extreme sample of children whose mental health problems warranted clinical intervention. There may be children of divided families who are experiencing mental health challenges that have gone unidentified. There are also children who experience parental separation that do not have mental health problems, but adjust rather well and may have more of a positive outcome. There was no comparison, in this study, of the children from separated and intact families who accessed mental health services. The focus was placed on the children who were from divided families. Further research could explore, and compare, case file information of both family types. Although multiple sources of data are present in mental health case files, including information directly from parents and children, the actual voice of these family members has been interpreted by the person writing the assessment reports. Even though multiple sources of psychosocial data are drawn upon, there is a strong emphasis on the medical perspective, which is often the lens through which the reports are written, since the diagnosis of mental disorders is based on specific diagnostic criteria of presenting symptoms. As well, much of

the parental information in the files is taken from the custodial parent, with less involvement from non-custodial parents.

This study does not explore cultural issues to any depth. Although descriptive statistics were obtained about the prevalence of Aboriginal and non-Aboriginal children I chose to go no further in the exploration of this variable as I was interested in common themes among the general population and the Aboriginal sample size was too small, and no benefit could be foreseen for this population from this particular study. Interviews with family members would add to an understanding of this issue from their perspective, and within the context of their personal experiences.

Although historical events and prior mental health were explored, this study was not process oriented in that the sample population was obtained from one point of time within a one-year period. This study does not follow these children at various points in their lives; it only reports on events and circumstances that led up to the CYMH referral. It was not possible to answer all questions that arose during the course of the research analysis, but future researchers may wish to explore these questions in their own studies.

#### *Recommendations for further research*

Recommendations for further research arise, not only from this study, but from other issues that are identified in the literature review, that were not addressed in this study. Some recommendations have already been made throughout this thesis report. There are no published studies on the mental health of children from divided families within the Aboriginal community. This study was not able to adequately address issues of culture. Other cultures might be the focus for some researchers. As there are criticisms of research that obtains the perspective from only one parent, gaining both parent's perspectives is

recommended. A possibility exists that high level of emotions for parents post-separation could lead to misperceptions of the other parent's conduct that is reported. Information is likely to be more accurate with both parents' voices included. Studies that compare children from divided families with and without mental health problems could provide information about what helps children to adjust without difficulties and where positive outcomes occur. Such a study would add a strength-based element to the literature, which would be useful in strength-based interventions. Comparison of children from divided families and intact families where there are high levels of conflict would be an interesting addition to the literature on separation and divorce, when considering that conflict is identified as a common theme in this study. Although the issue of blended families has received some attention, there was little information available about the relationships between these family members. Oxhorn, Oxhorn-Ringwood, and Krausz (2002) in *Step-wives*, share their experiences as mother and step-mother of a child, going from a position of harsh feelings and control issues to a more amicable relationship after many years. It could be interesting to explore step-family member relationships further from each member's perspective.

Another question that arose during the course of this study was the impact on children who were living in a different community than one of their parents, and whether there are different challenges when both parents live in the same small community. Another issue that may be of interest to some researchers is how the issue of parental separation is portrayed in popular culture. There have been various television programs and movies that portray the lives of families going through this transition, and their lives afterwards. As some researchers posit that negative effects of divorce can last through to adulthood, a longitudinal study, which gathers data at various points in the child's life, would help

illuminate this issue further. There was no indication of the subject of “parental alienation syndrome,” which was discussed in the literature review. As this is an issue that may arise for service providers in the area of mental health, child protection, and other service areas, information about this issue should be made available for anyone who may work with these families, including the legal system.

There are vast amounts of information available on this subject through internet technology (Department of Justice, 2006) and on-line courses offered on issues of separation and its affects on children through the Justice Institute of BC (2007). While recognizing that there are inequalities in access to new technologies, such as computer and internet access (McLennan, 2005), the internet could be useful in getting information to parents and professionals in Northern rural communities with links to resources, and on-line interactive tutorials. Some internet links can provide wonderful sources of information about family issues, children’s mental health, pilot projects, and initiatives going on in other parts of Canada. For instance the Saskatchewan Justice Department is producing a parent education program on CDs that can be distributed to parents in communities where parent groups are not offered. Some provinces have implemented mandatory parent information programs, such as one in British Columbia called *Parenting After Separation* that is available in ten locations (Department of Justice). The Community Legal Education Association of Manitoba is preparing a children’s workbook with child appropriate activities for ages 8-12. The issue of parental separation and divorce is an important topic that impacts the children involved, and other family members as well. Although divorce rates have fluctuated, this is still an event that has become quite common and one that has been explored with various methods by many researchers. The method that I have chosen to use is among one of many

different approaches that could be used. Reinharz (1992) discusses several creative methods that researchers may wish to utilize, in various combinations, to bring forth information about parental separation in new ways.

### *Conclusion*

This study sought to reveal possible issues that may impact the mental health of children from divided families, and get a picture of whether this may be an issue in the Northern rural community of Quesnel, British Columbia. The study results could have implications for practice in other communities of similar size and with similar challenges. It is apparent that there is a high prevalence of children from separated families that are referred for mental health services. It is not as clear whether the parental separation led to the mental health problems that were the reason for the referrals. While parental separation can be a painful process, it is likely that the complex set of psychosocial-economic factors may have played an important role in the problems these children were experiencing, rather than the separation/divorce event itself. However, it is important to reiterate the possibility that parental separation may be the transitional event that leads to other adverse family circumstances. Parental separation and divorce is a significant event in the lives of children that can lead to a series of other challenges and difficulties, which can disadvantage children in various ways. Many children will adjust without significant problems, but many may not with the multiple stressors, or risk factors, that can arise. With new technologies, such as computer and internet services, and video and teleconferencing, and the possibility of collaborative and outreach service provision, there are different opportunities to meet the needs of people who live in Northern rural and remote communities. This has implications for social work practice; social policy considerations regarding child poverty issues;

interdisciplinary and integrated practices; collaborative community development initiatives such as prevention and early intervention services; parent education, support, and advocacy; supports to children; and future research projects.

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## APPENDICES

## Appendix One – Research Ethics Board approval letter

## UNIVERSITY OF NORTHERN BRITISH COLUMBIA

## RESEARCH ETHICS BOARD

## MEMORANDUM

**To:** Skye Perry  
**CC:** Glen Schmidt

**From:** Henry Harder, Chair  
Research Ethics Board

**Date:** May 17, 2006

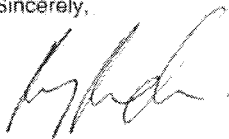
**Re: E2006.0322.034**  
Mental Health of Children from Separated Parents Living in a Northern  
Rural Community

Thank you for submitting the above-noted research proposal and requested amendments to the Research Ethics Board. Your proposal has been approved.

We are pleased to issue final approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

Good luck with your research.

Sincerely,



Henry Harder

Appendix Two – Approval Form from the Ministry of Children and Family Development  
for Access to File Information.

**PART E – Approval** (Review and sign-off routing facilitated by APMB.)

<b>Program Recommendation</b>		approval in principle attached <input type="checkbox"/>
<b>APMB methodology review</b>		
<u>June Thomson</u> Signature	<u>research analyst</u> Position/Title	<u>May 3/06</u> Date comments attached <input type="checkbox"/>
<b>Other major stakeholder(s) if/as required</b>		comments attached <input type="checkbox"/>
<u>Hayden</u> Signature	<u>AI Executive Director</u> Position/Title	<u>May 3/06</u> Date
<b>IO privacy issues review</b>		comments attached <input type="checkbox"/>
<u>P. Davies</u> Signature	<u>Privacy Analyst</u> Position/Title	<u>April 27, 2006</u> Date
<b>Executive SIGN-OFF</b>		comments attached <input type="checkbox"/>
The affected public body,		
<input checked="" type="checkbox"/> <b>APPROVES</b> the research project subject to the terms and conditions specified in Part D and granting access to information, records or resources as indicated in Part C.		
The expiry date for access to the information, records or resources listed in Part C is: <u>2007 05 17</u> (year / month / day)		
OR		
<input type="checkbox"/> <b>REJECTS</b> the proposal for research		
<u>[Signature]</u> Signature	<u>John Mazure, Decision Support</u> Head of Public Body or Delegate	<u>May 16/06</u> Date
distribution by APMB after all signatures obtained (original and 3 copies)		
<input checked="" type="checkbox"/> OPR original retained by APMB		
<input checked="" type="checkbox"/> copy forwarded to researcher		
<input checked="" type="checkbox"/> non-OPR copy retained by program area		
<input checked="" type="checkbox"/> non-OPR copy retained by IPS		