AMERICAN ACADEMY OF PEDIATRICS

The Pediatrician's Role in Helping Children and Families Deal With Separation and Divorce*

Committee on Psychosocial Aspects of Child and Family Health

Each year over 1 million children experience divorce, but many pediatricians may only learn of this agonizing crisis from their patient's behavioral reaction or if the family, as a consequence of the divorce, moves to a different community. Since the average length of marriages that end in divorce is just under 7 years, many of the children affected are young. The combination of out-of-wedlock births and divorce will result in 61% of all children living with a single parent.[1,2]

Divorce may be a solution to a discordant marriage and any decrease in intrafamilial hostility may be constructive; however, for many children, the tensions continue and the entire divorce process is a long, searing experience. Divorce is the termination of the family unit, and, like termination of any important relationship, it is often characterized by painful losses.[3] Approximately half of all children do not see their father after divorce and few have spent a night at their father's home in the past month.[4]

The divorce itself is usually only the first of a series of major changes in the lives of affected children. Their sense of loss is ongoing and may re-emerge especially on holidays, birthdays, special school events, and when attempting to integrate multiple new family relationships.

The custodial parent may have to start work or work longer hours, the family may have to move to a new community, and there may be secondary losses of relatives, local friends, and a familiar school. The family home may have to be sold. Mothers, much more than fathers, face a substantially lower standard of living and divorce drives some into poverty.[1]

Studies indicate that up to half of children manifest a symptomatic response during the first year after parents' divorce. Clinically most troublesome is aggression in school-age boys and depression in early- and mid-adolescent girls. Risk factors that contribute to 10% of children continuing to have difficulty for more than a year include ongoing parental discord, maternal depression, other psychiatric disorders in either parent, and poverty. Long-term follow-up studies, although methodologically difficult, indicate that divorce may delay or limit children's capacity for intimacy and commitment as young adults.[5–7]

RISKS OF DIVORCE FOR CHILDREN

The clinical manifestations of divorce in children are dependent on multiple variables.[8,9] What are the parents' abilities, in the midst of their own anger and loss, to focus on their children's feelings and needs? What was the predivorce level of psychosocial functioning? A major factor is the age of the child.[10,11]

- Children under the age of 3 years may reflect their caretaker's preoccupation, grieving, and distress; they may respond with irritability, crying, fearfulness, separation anxiety, sleep problems, aggressive behavior, or regression in developmental skills.
- Children at 4 to 5 years of age often blame themselves for the absence or unhappiness of parents and are highly vulnerable concerning their own self-worth.
- School-age children may be moody, preoccupied, daydream, have tantrums, or be overly aggressive. They are at an age when they can begin to understand more realistically what is going on and can often express their sadness and their wish for parents to get back together. Their school performance may suffer, and they may agonize over their divided loyalty.
- Adolescents may develop a premature degree of emotional autonomy as a way of dealing with feelings about the divorce. In this often-rapid process, the adolescent may need to de-idealize each parent. Angry feelings may emerge as aggression, antisocial behavior, or substance abuse. Some may feel acutely lonely and depend excessively on peers or a sexual relationship for comfort. The teenager who can strategically withdraw from the crisis, yet still derive emotional support from both parents, seems to fare best.[11]
- At all ages, psychosomatic complaints may be an unconscious solution to feelings of anger or loss that are raised by the divorce.
- Some children will test limits and family rules in an effort to reunite their parents. Others may play one parent off against the other to gain power over a situation that feels out of control.

* This statement has been approved by the Council on Child and Adolescent Health.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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PEDIATRICIANS' ROLE

Unfortunately, pediatricians are often not aware that one of their patients is experiencing the effects of divorce. The pediatrician may learn of the divorce only through a dispute regarding which parent should pay a recent medical bill, through a change of address, or because one parent may attempt to use the pediatrician's testimony to gain an advantage over the other parent in court. In a survey of parents, only 7% identified pediatricians as a resource during divorce.[12]

Because of the considerable prevalence and morbidity of divorce and the opportunity for effective early intervention to protect children from adverse circumstances, pediatricians can support children and families by integrating a simple screening question into their health supervision visit interview, such as, "How are you and your husband getting along . . . is there tension that affects the children?" The emotional implications of divorce are so profound that efforts at intervention are always justified. Referral for marital counseling at an early point in the discord may either prevent divorce or, if a divorce does occur, protect the children from ongoing hostility or being used by one parent against the other.

Knowledge about parental discord or divorce may initiate a protocol to assess the following:

1. The child's acute reaction
2. The parents' level of hostility
3. The parents' capacity to meet the child's physical and emotional needs
4. Indications of parental depression or other serious psychiatric disorder
5. The visitation arrangements and the effect on the child of the continuing relationship with each parent
6. Periodic assessment of the child's adjustment and psychosocial functioning among peers and in school

The pediatrician should recognize that divorce is a several-year process that includes initially increasing marital discord; then separation; a lengthy, sometimes hostile, court process; a final decree; and finally both an acute and a chronic period of adjustment.[13,14] Just as with death, there is a period of initial denial or disbelief, a gradual acceptance, a readjustment, and redefinition of the family unit. For parents who can not give up the fight, divorce may last even longer as court battles concerning money and custody can last throughout childhood and adolescence.

Once the separation and divorce process has been initiated, the pediatrician can help parents understand their child's reactions, fears, need for information, and best interests in the context of the child's age and developmental level. Parents should be encouraged to discuss with their children the divorce process, share appropriately some of their own questions and concerns, and during quiet, private moments, ask the child what questions they have about any aspect of what is happening to the family.

In contentious situations, the parents' anger may result in the child being used by one parent against the other, serving as a messenger because the parents are incapable of communicating directly, or suffering for lack of financial support. The pediatrician should be careful not to take sides in a divorce dispute unless there is clear, persuasive, firsthand evidence that one parent is unfit to care for the child. However, the more common circumstance is that the parent with the best relationship to the pediatrician will ask that a letter be written to the court that supports through secondhand information or hearsay the contentions of this parent against the other. In most circumstances, the pediatrician should refuse such requests, maintain an appropriate relationship with both parents, and advocate for the child to be protected from parental hostility. In complex legal situations, the pediatrician should consult with his or her own attorney.

Joint custody is designed to keep both parents (especially fathers) involved in the child's care and development; however, despite worthy goals, joint custody also means ongoing, regular contact between two often quite angry individuals who must separate their feelings about each other as spouses from their roles as parents. The specifics of custody arrangements are complex and depend on the number and ages of the children, how far apart parents live, scheduling needs such as sports teams or lessons, etc. The pediatrician should clarify who has the right to medical information and should specifically ask about any joint physical or legal custody agreements. Joint legal custody is relevant to coordinating medical care and assures that both parents must give consent and be informed about their child's medical needs. Joint physical custody necessitates an often fairly complex schedule and close coordination between the parents.

When a child is seriously ill or hospitalized, the pediatrician may have to be especially diligent in communicating with both parents. Withholding medical information from one parent is not often in the patient's best interests.

Pediatricians should serve anticipatory and advisory functions. Some with special interests and training may have enough parents experiencing marital tension or divorce that they can lead or arrange for counseling services in their practice setting. Having a mental health professional available in their office or clinic, providing reading materials, and leading small group discussions for parents and/or for children concerning the impact of divorce would all be helpful. If a family is in the process of divorce, it is recommended that the pediatrician monitor the situation at intervals appropriate to the age of the child and particular circumstances. If he or she sees that the patient is at risk because of poor adjustment, dysfunction in major developmental tasks, ongoing hostility, parental psychopathology, etc, then the pediatrician should extend the evaluation and treatment process and, if indicated, be a resource for community services. Pediatricians with an interest and experience in counseling may set aside an extended appointment time or develop parent groups within the practice in order to assess the effects on

children of a separation or divorce. Other options include a recommendation for court-based or court-ordered counseling, a mental health evaluation for the child's and/or parents' emotional needs, services of an independent mediator for parental disputes, and community-based groups for divorce discussion or therapy groups. Referring early in the divorce process often has the most success because parents may be more receptive to their children's needs before legal issues, preoccupations with finances or feelings of loss become overwhelming.

RECOMMENDATIONS

In summary, divorce is so common and such a critical experience for children that pediatricians should ask about family and marital discord periodically during well-child visits. For many families, pediatricians may be the only readily accessible professional with expertise in the psychosocial aspects of child and family health. If there is rising tension, separation, or divorce, the pediatrician has a responsibility to make an assessment of the family's and the child's resources, help family members avoid or contain an adversarial relationship, and function as an advocate for the child, assisting parents in discovering what they can do to diminish the stress and to act in the best interest of their child.

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