Chapter 1

General introduction
PREAMBLE

In this dissertation, I will focus on the link from parental behavior to effects on the family. While this link is the focus of my research, I am aware of research showing that there may also be child effects on the parents’ behavior, as was elegantly demonstrated by Bell (1968) in his seminal work on child effects. Nevertheless addressing both effects would exceed the scope of my dissertation.

The assumption that parental actions and behavior influence children’s development and wellbeing has been supported consistently in empirical studies (e.g., Afifi & MacMillan, 2011; Eisenberg et al., 2005). In view of this evidence and given the plausibility of this direction of effects, I will use causal language throughout this dissertation. Although the correlational nature of my studies prohibits firm conclusions of causality, showing that interparental violence causes children to suffer in an experimental set up, would be unethical. Demonstrating that a reduction of interparental violence may decrease symptoms of the child is not only ethical, but also supportive of the causal link I am assuming. Needless to say that given my personal interest in and commitment to therapeutic work in this area, I have described a study protocol to demonstrate such effects of an intervention for children exposed to destructive parental conflicts in Chapter 2. This protocol concerns an ongoing study, and data are not yet available. Chapters 3 and 4 concern the examination of relational processes and parental mechanisms that facilitate the reduction of symptoms among children exposed to destructive parental conflicts.

INTRODUCTION

The impact of interparental conflicts, on the whole family system, has been well-established. Being exposed to destructive conflicts is traumatic and damaging for both children and adults. Exposure to interparental conflicts may directly affect children’s well-being and psychosocial adjustment (Chan & Yeung, 2009; Cummings & Davies, 2010). Destructive parental conflicts also affect parents’ well-being and psychosocial adjustment (Campbell et al., 2002; Woods, 2005), their parenting behavior (Krishnakumar & Buehler, 2000), and the parent–child relationship (Appel & Holden, 1998; Levendosky & Graham-Bermann, 2001). Moreover, children may also be affected by exposure to destructive parental conflicts in an indirect way, through negative parenting and/or a parent–child relationship of low quality (Cummings & Davies, 2010).

A growing body of research stresses the importance of effective interventions to enhance children’s healthy development and psychosocial adjustment after exposure
to traumatic events (Skowron & Reinemann, 2005; Wethington et al., 2008). One usually also stresses the importance of involving the parents in such interventions (Deblinger, Lippmann, & Steer, 1996; Herr, Mingebach, Becker, Christiansen, & Kamp-Becker, 2015; Lieberman, Ippen, & Van Horn, 2006). However, little is known about how the involvement of parents affects treatment outcomes for children, or how to enhance the effect of parental involvement.

Although research shows that not all parental conflicts are linked to adverse effects on children and their parents, destructive and unresolved conflicts have consistently been found linked to an increase in the likelihood of mental health problems in both children and parents (Amato, 2001; Kelly & Emery, 2003). Conflicts are more destructive if they involve hostility, contempt, coercion, abuse and withdrawal, if they are unresolved, or if they are accompanied by strong negative emotions (see page 204 Hetherington, 2006). Furthermore, they often center on the children. Destructive conflicts affect children in both intact and in separated families (Amato, 2001; Chan & Yeung, 2009; Hetherington, 2006; Kelly & Emery, 2003). Unfortunately, the specific processes and pathways of parental functioning underlying these associations are only partly understood (Cummings & Davies, 2010). The development of effective parental components in interventions for children exposed to parental conflict is hampered by limited knowledge about how destructive conflicts affect parenting and parental functioning. For example, little is known about how conflicts between parents affect the parent–child relationship in the way they communicate about emotions. Also, it is unclear how conflicts between parents are maintained and/or escalate post-divorce, and which relational processes underlie the maintenance of parental conflicts in high conflict divorced (HCD) families.

To address these gaps in the literature, relational processes in families that experience or have experienced extreme destructive conflicts will be studied in this dissertation. First, in a group of families exposed to interparental violence (IPV), my aim is to examine mediating relational processes and pathways relating parental conflict on the one hand, to parent functioning and parent–child relationship quality, and to children’s psychosocial well-being on the other. Second, zooming in on a particular group of destructive parental conflicts, in a group of families with high conflict divorces, my aim is to examine specific relational processes in the maintenance of parental conflicts.

Children’s exposure to IPV and HCD is studied by researchers from different areas. For example, interpersonal violence is often studied by researchers in the domain of child abuse, neglect, and traumatization, whereas HCD is more often studied by researchers in the domain of family processes. Despite these different origins, I propose here that IPV and HCD also share certain commonalities, the most salient being destructive parental conflicts. In this introductory chapter I will review direct and
indirect effects of exposure to destructive parental conflicts on children for families exposed to IPV, and then for HCD families. I will highlight the similarities between these two groups of families regarding the direct and indirect effects on children. However, the two groups can also be distinguished. This distinction is driven by one of the most important characteristics of HCD, namely the fact that destructive parental conflicts do not only take place in the family context, but they also take place outside the family context, in public (e.g., juridical procedures). Following an overview of their similarities, I will also focus on the differences between IPV and HCD. In the course of this chapter I will introduce the different research questions investigated in the chapters of this dissertation.

EXPOSURE TO INTERPARENTAL VIOLENCE

Definition and Prevalence of Interparental Violence
The number of children exposed to IPV is considerable. Unicef (2006) estimated that as many as 275 million children worldwide are exposed to violence in the home. Alink et al. (2011) estimated that 13% of Dutch adolescents are exposed to IPV. In the United States, 16% of all children are exposed to IPV during their childhood (2-17 years of age) (Finkelhor, Turner, Ormrod, & Hamby, 2009).

IPV may include psychological threats, emotional abuse, sexual abuse, and/or physical violence. Children may be exposed to IPV in varying ways (Holden, 2003). For example, children may see one parent assault the other, they may witness or overhear a parent who is out of control with anger or fear, they may try to intervene in the conflict, they may see or hear parents threaten each other, they may miss a parent because of imprisonment following IPV, or they may observe the aftermath of a violent assault. Given this variety of exposure, it should not surprise us that IPV may affect children in different ways.

Direct and Indirect Effects of IPV on Children
IPV may affect children directly because they are exposed to discord between parents. The direct negative consequences of IPV for children have been widely documented. Being physically involved in IPV or being a witness to IPV may directly affect children's emotional, cognitive and behavioral responses (Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), as well as their psychosocial adjustment (Chan & Yeung, 2009; Holt, Buckley, & Whelan,
Different meta-analyses of the effects of IPV on children show that children may develop internalizing, externalizing and posttraumatic stress symptoms due to exposure to IPV (Chan & Yeung, 2009; Evans, Davies, & DiLillo, 2008). Children exposed to IPV are also at risk for poly-victimization, including physical, emotional, and sexual abuse (Finkelhor et al., 2009), and they experience more life stress than children not exposed to IPV (Holt et al., 2008). Importantly, the consequences of IPV exposure may extend to children’s adult lives. The Adverse Childhood Experiences Study showed that children’s exposure to IPV may lead to increased health risks in adulthood for a broad range of illnesses and physical conditions (Felitti et al., 1998; Paradis et al., 2009). These findings have been replicated and clearly indicate that children may directly be affected by exposure to IPV in both the short- and the long-run.

IPV may also affect children indirectly, because of the effects IPV has on parents. Given that the majority of the research efforts to improve interventions have been directed at the direct influences of IPV, I will pay special attention to the indirect effects in this dissertation. Exposure to IPV is an adverse experience and related to both children’s and adults’ maladjustment and distress symptoms. Similar to children, parents experience a broad range of emotional, psychological, cognitive, and behavioral consequences after IPV. For example, being a victim of IPV as a parent put people at risk for mental health problems (Woods, 2005), such as depression (Campbell et al., 2002; Renner, 2009) and post-traumatic stress disorder (Dutton et al., 2006).

These negative consequences for parents, in turn, may adversely affect their parenting. For example, IPV is associated with problematic parenting behaviors and parenting stress (Levendosky & Graham-Bermann, 2000). Mothers exposed to IPV use more negative and less positive parenting than mothers who have not been exposed to IPV, and they are likely to use more harsh discipline towards their children (Ososky, 2003). Consequently, IPV is associated with more aggression in the parent–child relationship (Appel & Holden, 1998), with less supportive and less effective parenting (Levendosky & Graham-Bermann, 1998), and with less child-centeredness of parents (Levendosky & Graham-Bermann, 2001). Moreover, IPV has been linked to emotional unavailability and psychological control (e.g. Fauber, Forehand, Thomas, & Wierson, 1990; Gonzales, Pitts, Hill, & Roosa, 2000). Although we know that IPV affects parents, which in turn affects their parenting and the parent–child relationship, little is known about the specific relational processes and pathways underlying this relation. To increase our understanding of how parental psychopathology among parents involved in IPV affects children’s symptoms, I examine one possible pathway that may explain how parents’ stress may cross over to children’s stress (Chapter 3). In Chapter 4, I examine if and how exposure to IPV affects the parent–child relationship in the way they communicate about emotions.
Parental Components in Interventions

The high risk for diminished parenting quality and impaired parent–child relationships underlines the importance of including parental components in interventions for children in the aftermath of IPV. In line with recommendations from the Practice Parameter on children's posttraumatic stress (Cohen et al., 2010), trauma-focused psychotherapy is the norm for IPV-exposed children (e.g., Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)). Research provides evidence in favor of these recommendations by showing that TF-CBT reduces internalizing problems, externalizing problems, and trauma symptoms among traumatized children (Cohen, Deblinger, Mannarino, & Steer, 2004; Cohen, Mannarino, & Iyengar, 2011). Nevertheless, the effect sizes for such treatments are smaller for children exposed to IPV than for children who are sexually abused (Cohen, Mannarino, & Iyengar, 2011; Cohen, Mannarino, & Murray, 2011).

The above-reviewed literature on indirect effects of IPV, such as negative parenting and low-quality parent–child relationships that affect children in IPV families suggests that parenting and the parent–child relationship need to be specifically targeted in interventions for IPV-exposed children. Targeting parenting and the parent–child relationship as mechanisms of change in TF-CBT-based interventions may enhance the efficacy of treatment. To this end, Visser, Leeuwenburgh, and Lamers-Winkelman (2007) developed HORIZON, a trauma-focused cognitive behavioral based group therapy for children exposed IPV and their parents (Visser et al., 2007).

HORIZON group therapy includes child components that parallel TF-CBT (Cohen, Mannarino, & Deblinger, 2006). However, HORIZON added two parental components specifically targeting parenting and parent–child relationship problems in IPV-exposed families. In Chapter 2 of this dissertation, I will describe these components in detail. Specifically, in Chapter 2, I will describe the research protocol I developed to test the effectiveness of these parental components. The current thesis focuses on data collected in IPV-exposed families before they participated the intervention HORIZON (T1). Outcomes of effectiveness studies will be presented elsewhere.

Trauma-focused therapy for children to diminish internalizing, externalizing, and posttraumatic stress symptoms is only helpful for children in the long term if they are no longer exposed to destructive parental conflicts. To this end, it would be extremely helpful to gain more knowledge about relational processes that contribute to the maintenance and/or escalation of parental conflicts. In this dissertation, I will try to expand this knowledge by studying relational processes in a particular group of families, namely HCD families.
HIGH CONFLICT DIVORCE

Although, till now children’s exposure to IPV and HCD has been examined as if the parental conflicts in these two groups of families are two different, mainly independent research areas, I propose that HCD is very similar to IPV, but with some different elements. First, parental conflicts in both groups are mostly unresolved, often violent, and affect both parents and children. However, in HCD families these conflicts always occur among divorced/separated couples. Sometimes, in HCD families, IPV starts after divorce. Second, parental conflicts in HCD families not only occur among parents, but these parents involve extra-familial parties into the conflicts, for example by bringing the conflicts to court. These extra-familial dynamics associated with high conflict divorces make it especially interesting to examine relational processes to fill the gap in our understanding how destructive parental conflicts may be maintained or even escalate. Following general information about high conflict divorce and its prevalence, I will review direct and indirect effects of high conflict divorce on children before elaborating on the differences between HCD and IPV families.

Description and Prevalence of Divorce and High Conflict Divorce

In the Netherlands, about 70,000 children a year are involved in a divorce (Latten, 2004; Sprangers, 2008; Spruijt & Tils, 2007). In approximately 70% of these divorces, parents can handle the aftermath of the divorce reasonably well (Whiteside, 1998; Whiteside & Becker, 2000). However, in 30% of the divorces, parents are involved in bitter conflicts. For example, they continue to have financial problems or disagree on the (design of) the so-called ‘parenting plan’. In the Netherlands married and registered parents have a legal obligation after the divorce to make a parenting plan that contains agreements on the care and education of the children. Fifteen percent of these more difficult divorces are labeled ‘very problematic’ (Spruijt & Tils, 2007). However, international studies indicated that between 8 to 12% of parents continue to be involved in serious conflicts, even 2-3 years after divorce (Kelly & Emery, 2003). In the Netherlands such data have not yet been collected.

In the families in which parents are involved in bitter conflicts, the divorce is a long, lingering, destructive, and revengeful process, riddled with suspicions, in which the parents have very negative attributions about each other, and offend each other. Furthermore, because parents (have to) bring their conflicts into court, not only the nuclear family is involved, but also extra-familial relationships, including judges, lawyers, and mediators. In many of these cases, judges ask child protection services to investigate the family (https://www.kinderbescherming.nl/over_de_raad/feiten_en_cijfers/). Consequently, schoolteachers, extended family and kin, mental health care professionals, or family doctors are involved and are potentially part of
the destructive conflicts as well. Since many parents in high-conflict divorces do not understand, are not willing to understand, or are not able to understand that their children are severely affected by their conflicts, high conflict divorce is considered to be a form of emotional abuse (Dalton, Carbon, & Olesen, 2003; Van Lawick, 2012). Similar to children in IPV families, the exposure to destructive parental conflicts in high conflict divorce affects children directly and indirectly.

**Direct and Indirect Effects of High Conflict Divorce on Children**

Ample research shows that destructive conflicts after parental separation and divorce also affect children directly and indirectly (Amato, 2001; Amato & Afifi, 2006; Kelly & Emery, 2003), in the short- and the long-term (Kelly & Emery, 2003; Størksen, Røysamb, Holmen, & Tambs, 2006). Children may be directly affected by divorce, because they are exposed to parental discord, before and after the divorce, but also to additional divorce-related stressors such as moving houses, changing schools, feeling that they have to choose sides between parents, and sometimes losing important relationships (Amato, 2001; Amato & Afifi, 2006). Children of divorced parents are significantly more likely to have behavioral, internalizing, social, and academic problems in comparison to children from continuously married parents (Amato & Cheadle, 2005; Kelly & Emery, 2003; Morrison & Coiro, 1999).

Children may be indirectly affected by divorce because divorced parents, compared to married parents, show more negative parenting and have lower quality parent–child relationships (Amato, 2000). The quality of parental functioning and the quality of the parent–child relationship are the best predictors of children's well-being after divorce (Amato, 2000).

The initial period after the parents have separated is quite stressful for the majority of children (Kelly & Emery, 2003). However, in the longer-run most children and young adults from divorced parents (approximately 75-80%) do not suffer serious psychological problems, achieve an average level of education, maintain close relationships with family members, and enjoy intimate relationships (Kelly & Emery, 2003). What is more, some families have been reported to be resilient to the negative consequences, because of support of the extended family, support of friends, religion and open communication amongst family members (Greeff & Van Der Merwe, 2004). The evidence is growing that it is not divorce in itself that is the primary factor explaining adverse child outcomes in the long term. Rather, the destructiveness of parental conflict that may continue or start after the divorce, increases negative outcomes for children (Hetherington, 2006; Vandewater & Lansford, 1998).

Taken together, these findings again highlight that high conflict divorce and IPV share certain features, in this case, destructive conflicts between parents, which adversely impact children's well-being. At the same time an important difference
between IPV and HCD families is, that in HCD families the destructive conflicts between parents are expanded by the involvement of others.

**Extra-Familial Relationships and the Maintenance of Destructive Parental Conflicts**

In the context of high-conflict divorces, an important question for researchers and clinicians is how these extra-familial relationships and involvements contribute to the maintenance and/or escalation of conflicts. Several studies have looked at risk factors for destructive parental conflicts. Bonach (2005) found that satisfaction with financial child support arrangements, smooth divorce proceedings, and forgiveness were the strongest predictors of a lower level of co-parenting conflicts. Research has also examined individual processes contributing to conflict escalation (Coleman, Kugler, Bui-Wrzosinska, Nowak, & Vallacher, 2012). Based on different models about conflict dynamics, Coleman et al. (2012) composed a basic three-dimensional model [1] the nature of the parties’ goal interdependence, 2) the relative distribution of power among the parties, and 3) the degrees of total goal interdependence and relational importance] of conflicts in dyadic social relationships. According to the model, the interplay of these three dimensions explains particular conflict orientations for individuals, which may become chronic and difficult to change. Chronic, inappropriate conflict orientations may be important risk factors among HCD parents (Coleman et al., 2012). However, beyond the dyad, the role of the social network, including friends, family, and even lawyers, has received little attention (Milardo, Helms, Widmer, & Marks, 2014).

This gap in the literature is surprising, because it is generally recognized that the success and the failure of both intact relationships (Kennedy, Jackson, Green, Bradbury, & Karney, 2015) and post-divorce relationships (McDermott, Fowler, & Christakis, 2013) are not only related to the contribution of the individual partners but also to their social networks. To expand our understanding of how the extra-familial context of HCD families contributes to the maintenance of co-parenting conflicts, I examine in Chapter 5 how parents perceive their social network’s opinion regarding their parenting conflicts, and how this perception is related to the level of parental conflicts.

**Extra-Familial Involvement in Treatment**

The maintenance of destructive conflicts in HCD families and their damaging influence on children underline the importance of involving not only the parental relationship but also extra-familial relationships in interventions for children living in HCD families. Involvement of the social network aims to reduce possible polarization between parents’ social networks as well as to reduce parental conflicts.
In the Netherlands, the multi-family group intervention “No Kids in the Middle” was developed for HCD families (Van Lawick & Visser, 2014). The intervention targets the damaging influences of extra-familial relationships in two ways. First, parents are obliged to stop all legal procedures during the intervention and are encouraged to solve the conflicts in therapy, together with the other parents, the therapists, and with their social network members (e.g., friends, family). Second, the parent group starts with a session in which parents bring their social network, that is, any extra-familial relations involved in the conflict to inform them how they will be involved in treatment (e.g., grandparents, lawyers, sister, best friend). During treatment, parents are encouraged to share all therapy information and cooperate with their social network partners, but not in court.

The intervention takes a multi-family approach, and consists of eight parent treatment sessions and parallel child sessions (sessions of two hours). The parent sessions include psychoeducational components about co-parenting issues, stress and conflicts, communication, and consequences of the divorce for children. Children are encouraged to express their thoughts and feelings regarding the destructive parental conflicts in the child sessions. Working together with other children from HCD families, listening to their stories in the group, helping each other to cope with the situation, and expressing their feelings and thoughts about the high conflict divorce in art, poetry and theatre, is expected to empower these children (Wise, 2005). Parent-focused interventions targeting harmful interactions are needed to stop the effects of conflicts on children’s well-being. In the transition and aftermath of ‘normal’ divorce, psycho-educational programs are widely available and sometimes court-mandated, but evaluation studies are rare (Grych, 2005). For HCD families some psychoeducational programs are available, but in an overview of these programs no published evaluations of the effectiveness of these programs were found (Goodman, Bonds, Sandler, & Braver, 2004). Again, the complex relational factors that may play a role in the maintenance of destructive conflicts between parents (e.g., social network, financial or legal problems) suggest that to increase children’s well-being, a program is needed that encompasses parental intervention components in addition to psycho-education. In the appendix of this dissertation, I put a paper describing the intervention “No Kids in the Middle” which was developed by my colleague Justine van Lawick and myself (2014).

**RESEARCH PROJECT ACADEMIC COLLABORATIVE CENTRE CHILD ABUSE**

The research outlined in this dissertation was conducted within the ZonMw-funded consortium Academic Collaborative Centre Child Abuse (Academische Werkplaats
aanpak Kindermishandeling). This large-scale project had three primary goals. First, it aimed to develop and implement a hospital-based multidisciplinary center on child abuse. In this center, youth care professionals, (forensic) pediatricians, police, the justice department, and child-, adult-, and forensic psychiatry work together in severe cases of child abuse to ensure a quick and family-centered approach. Second, it aimed to develop, implement, and examine the effectiveness of treatments for children and their parents in the aftermath of sexual abuse and IPV, and in HCD families. And finally, it aimed to set up a center with the explicit purpose of exchanging and strengthening clinical knowledge and scientific knowledge in the field of child abuse. This center further aims to provide scientific knowledge and training to the large variety of professionals concerned with child abuse (for more information see hetlock.nl).

The Academic Collaborative Centre Child Abuse conducted three research projects. In this dissertation results of two research projects, one with a focus on exposure to IPV and one with a focus on HCD families are presented. In the IPV project, I examined relational processes within families of children exposed to IPV as compared to families without exposure to IPV. Also, in the IPV project, I started an intervention study on the efficacy of two parental components added to a trauma-focused group intervention for children and their parents after IPV exposure (HORIZON group therapy) (Visser et al., 2007). As mentioned above, the data collection for the effectiveness study is still ongoing, I will present data from the parent–child assessment that took place prior to HORIZON.

In the high conflict divorce project, I examine risk factors and relational processes that contribute to the maintenance of destructive parental conflicts. Also, in the high conflict divorce project, I examine the effectiveness of a multi-family approach intervention for HCD families, “No Kids in the Middle” (Van Lawick & Visser, 2014), by assessing changes in parent and child adaptation following this intervention. The data collection for the effectiveness study is also still ongoing.
OUTLINE OF THIS DISSERTATION

First, this dissertation presents studies on IPV-exposed families. In Chapter 2, the study protocol for a randomized controlled trial to examine the effects of parental components in a trauma-focused cognitive behavioral-based therapy for children exposed to IPV (HORIZON) is described. The rationale, content, and design are presented. Because this study is still ongoing and families are still being recruited to participate, I cannot yet report on the results of this study. In Chapter 3, I examine the mechanisms underlying the link between parental psychopathology and child problems in a high-risk sample of IPV-exposed families. Specifically, I tested whether parental psychopathology may spill over to parental availability, which, in turn, may show a crossover effect to children's self-reported trauma-related symptoms. Chapter 4 explores parent–child interaction in IPV families. I examine the quality of parent–child emotion dialogues among IPV-exposed mother–child dyads compared to dialogues of non-exposed mother–child dyads.

Second, this dissertation presents research carried out among HCD families. In Chapter 5, I test whether forgiveness in the co-parental relationship may mediate the association between parents’ social perceived network disapproval and destructive co-parenting conflicts. To test robustness of the results, I analyzed the meditational model in a sample of divorced parents, and I replicated the study in a sample of HCD parents. I end this dissertation with a general discussion, recommendations for future research, and clinical implications in Chapter 6.
REFERENCES


