Many families do not fit patterns of domestic violence, yet they experience a high degree of conflict. Many high-conflict families may experience intermittent outbursts of anger or violence. Even when they do not exhibit violent patterns, these families are so conflicted that they routinely go back to court to solve what should be relatively simple problems. They may have problems scheduling holidays and vacations; they may argue during exchanges; they cannot communicate about child-related issues or decide on day-care providers; they disagree on the times and places for exchanging the children and argue about who will attend parent-teacher conferences, arrange and pay for health care, or attend the child's extra-curricular activities; and they may disagree on activities for their children.

In many ways, it appears that the life of the child must stop while the arguments between the parents continue. For many of these families, every issue becomes a potential source of conflict. Sometimes this is related to the history of the relationship and the power dynamics between the parents. Sometimes one parent will not let go of the conflict because this keeps them "together" in their relationship (albeit a destructive one).

This article focuses on the way in which conflict is driven by each parent's respective personality traits, the lack of a system for resolving conflicts, or both. Decisions may get made by the more forceful parent when one parent "gives in" to the other. Sometimes, no rational decision gets made, such as when one parent takes the child to the pediatrician and the other does the same after the exchange because they don't trust each other to communicate medical information to each other. In such situations, children may see two pediatricians when one will do and no therapist when one is needed. Teachers become frustrated with the lack of cooperation toward the child's schooling. I have seen many instances in which children are enrolled in two different kindergartens because parents cannot plan adequately together for their child's education. Such parents have not learned to implement a system for communication, problem solving, and decision-making. They do things the same way that they have for years. Often one parent does give in. Sadly, this may be the healthier parent. While this article is designed to give an overview on the dynamics of high-conflict families and appropriate interventions, I refer readers to Johnston & Roseby's book *In the Name of the Child* (Free Press, 1997) for a more in-depth understanding of high-conflict parents and the impact on children.
Research on high-conflict families (Johnston [1988, 1993, 1994] and Johnston & Roseby [1997]) reveals a continuum of problems and a variety of factors which contribute to the problems. Some families are mildly entrenched in conflict and can benefit from guidance and structured recommendations. The more difficult of these families may seem to make little progress, even with rather extensive intervention (e.g. therapy and case management). Some parents have personality traits which exacerbate conflicts, perhaps exaggerating or being quite rigid. In the next section, I will focus on the way in which the parent's respective personality traits contribute to the degree and nature of the conflict.

**The Nature of Personality Disturbances**

Over the past twenty years, a growing body of literature has developed on personality styles, in particular Narcissistic and Borderline styles. Millon (1996) not only focused on the disorders themselves, but those personality traits and features which impact upon relationships, rather than the individual. He has grouped personality disorders into four types. Many custody evaluators observe that most high-conflict families have one or both parents who exhibit either narcissistic, obsessive-compulsive, histrionic, paranoid, or borderline features. They may have parents who become rigid in their perception of the other and tend to deal with things in their extremes. Many parents are polarized, viewing themselves as all good and the other as all bad. These parents focus on the traits within the other parent that reinforce this perception, and they approach each new conflict as verification of just how difficult the other parent is. These parents experience chronic externalization of blame, possessing little insight into their own role in the conflicts. They usually have little empathy for the impact of this conflict on their children. They routinely feel self-justified, believing that their actions are best for their children. No matter how much the helping professionals try to keep the focus on the child, these parents remain focused on the conflict.

While these parents tend to be motivated by a diverse set of emotions, I believe that most of them take this rather rigid position out of fear, often the overwhelming fear that if they let down their defenses, they will be taken advantage of. Many parents say, "If I just give in this one time, she will always take advantage of me," or "if I give him an inch, he'll take a mile." Many parents fear being controlled by the other parent. For the more disturbed of these parents, giving in may represent a fear of annihilation or loss of self. This rigidity assures conflict. Because these families routinely go back to court, they are also afraid that any relaxing of their position might give the other parent an advantage in court. What gets lost in the conflict is the needs of the children. Another source of the fear is that winning or losing is so integrally tied to self esteem. Narcissistic parents fear losing custody and control, lest they feel abandoned and depressed. Borderline parents must win in order to contain their internal chaos and rage. While losing might mean different things to each parent (e.g. shame, loss, abandonment, rage, etc.) the key ingredient is how **unbearable** such a loss is to each parent. Other difficult parents may be irresponsible, over-reactive,
and rigid. Parents with these personality traits often have high-conflict marriages and divorces.

Judges and attorneys express their extreme frustration with these families. I have heard judges refer to these families as "our frequent fliers," adding that, even though they may only number ten percent of the families, they require ninety percent of the court's resources. They might come back to court several times a year, and just it appears that a settlement has been reached, a new issue will arise. Lacking a reasonable dispute resolution mechanism, these parents feel justified in taking the other to court and letting "the judge settle it." Each issue is perceived as a new opportunity for victory, and feared as potential loss. These characterological personality dynamics, along with each parent's righteous self-justification and fear, create the high degree of conflict, and the perpetuation of the court battle.

At the same time, away from the conflict, many of these parents seem concerned for their children's needs and feelings and are capable of good parenting skills. They may be nurturing and set reasonable limits with their children. They are frequently involved in their child's day-to-day activities, participate in school work, and provide encouragement to their children. Many of these parents can be loving, spontaneous, and supportive to their children, even when they are cold, rigid, angry, and fearful toward the other parent. In the abstract, they understand the value of the child's relationship with the other parent, and they may even recognize that the conflict is problematic for their children. Despite this acknowledgment, it is difficult for them to relax their rigid positions and attitudes toward the other parent and extricate their child (and themselves) from the conflict.

For many high-conflict families, it seems that the parents' characterological personality dynamics get manifested in a relationship disorder with the other parent. They may be able to manage some of their chronic traits, including their narcissism, over-reaction, rigidity, and anger, in some of their other relationships. They may be pleasant to co-workers, showing few pathological traits in their work environment. With their children, they may not personalize experiences or show signs of narcissistic injury.

In contrast, the history of the conflict, the emotions of the divorce, and the fear of letting go bring out the worst in these parents with each other. It appears that the couple's relationship has been unable to withstand the previous love, the loss of that love, and the rejection and hurt that followed. In the newly formed divorce relationship, dysfunctional personality traits flourish, while in other relationships, including with the children, healthier personality traits may abound. For the less disturbed of these parents, the pathological personality traits may only surface in the context of the conflictual relationship between the parents. Each parent's negative individual traits clash and the conflicts continue. Left unchecked, these families return to court year after year to solve what might appear to the neutral observer to be the most minor of issues.
These families require strategies and interventions that assist them in taking care of their children and reducing their conflict. These strategies can include some or all of the following:

1. **Neutral Decision-Making (Special Master)**

   In a variety of jurisdictions, including Northern California (Special Masters), Maricopa County, Arizona (Family Court Advisors), Boulder, Colorado (case managers or binding arbitrators), and New Mexico ("wise persons"), courts have begun to use attorneys and mental health practitioners as neutral decision-makers to assist families in such day-to-day disputes. While these families frequently return to court, the court system is incapable of handling the types or frequency of problems that these families bring. Instead, they require the assistance of a decision-maker who acts on behalf of the children. This person is empowered by the family and the court to act on behalf of the children and resolve conflicts in an expeditious manner. If neither parent has control, both can relax their fear of being taken advantage of by the other. While each parent may periodically become frustrated with the decisions of the neutral decision-maker, each parent usually trusts that person more than the other parent.

   It appears that there are three primary benefits for this role. These include helping families more quickly resolve their differences, unclogging the courts from some of their most difficult families, and helping families with very young children manage the nuances of integrating changing developmental needs of the child into their parenting plan. The major task of the Special Master is to make decisions that help a family stay out of court and keep their children out of the middle of the conflict. Special Masters need to be decisive. Just as young children often have difficulty sharing, divorced parents often have difficulty sharing their children. While the Special Master needs to understand the parents' position and feelings, it is more important for the Special Master to make decisions that are in the child's interest, without taking a lot of time.

2. **Parallel Parenting**

   A second intervention involves parallel parenting. Psychologists describe young children who play next to each other, but interact very little with each other to be in "parallel play". In the same way, parents who parent their children at different times, but who have little or no direct interaction, are engaged in parallel parenting. This occurs when they engage in the same tasks, as long as they have little or no contact with one another.

   While much of the divorce literature focuses on co-parenting, in which parents communicate and work with one another to raise their children in a cooperative fashion, high-conflict families fail miserably at this task. Each parent usually thinks his/her style is the only way to parent and is often quite critical of the other. Interactions stimulate the conflict, reducing benefits to the children.
The goal of parallel parenting is to reduce the level of conflict and make sure that the tasks of parenting are accomplished by one or both parents. It is important for parents, in conjunction with the courts and/or neutral decision-maker to specify which parent is responsible for various parenting tasks. Parents need to develop a plan that identifies how each parent will participate in the child's extracurricular activities, help with school work, take care of medical needs, etc. Plans are developed to insure that parents communicate with each other with less conflict. Fax machines and/or e-mail may be used when the conflict is high. Each parent is encouraged to develop his/her separate routine and structure. With such a plan, for example, the child will not be exposed to both parents attending the same field trip and making things miserable with their conflict.

To help these parents disengage and then learn to work together, it can be helpful for the neutral decision-maker to meet with the parents periodically and develop a schedule of the child's activities and each parent's participation in those activities. The Special Master can focus on the process of parallel parenting and help parents to disengage from conflict. Together, they can develop routines for the child and help coordinate a similar routine in each household, schedule times for phone calls between children and the other parent and assist each parent in doing those tasks that each parent does best. With this process, there are no winners or losers, and the child benefits from separate and parallel interaction with both parents, reducing the extent to which children are exposed to conflict. Once a neutral decision-maker is in place, and the process of parallel parenting is assured, parents can detach from each other and reduce the intensity of their conflict.

3. Structured Recommendations

A third important intervention for these families is providing structured recommendations. For high-conflict families, a lack of specificity promotes parental conflict, and conflict breeds insecurity for the children. Attorneys should recommend and the court needs to adopt specific and concrete plans to assist parents in fulfilling the tasks of parallel parenting and reducing the likelihood that they remain engaged in conflict. The more specific these plans are, the more parents can understand the rules and avoid conflict.

These parents need a lengthy and detailed parenting plan, giving less room for each parent to manipulate or feel manipulated by the other. The rules are quite clear. In the event of a dispute, it will be relatively easy for the Special Master to resolve. The recommendation should also include a provision that the neutral decision-maker can make adjustments or modifications in the event of certain situations, such as a family emergency, a special longer vacation, the children's summer schedule, or the needs of one or more family members. Typically, flexibility is not workable for these high-conflict families without a dispute resolution mechanism such as a neutral decision-maker since flexibility is a breeding ground for new conflict. Parents can feel more comfortable with a structured recommendation if it can be adjusted in the event a specific need arises. For some families, the level of conflict
does not get resolved for years. Neither parent trusts the neutral decision-maker, and the use of a neutral decision-maker only provides one more opportunity for engaging in conflict and battles over power and control. Those families will require a very structured court order that leaves little room for dispute, and potential sanctions from the court in the event that either parent violates the order. Those families will have no room for flexibility, unless mutually agreed-upon. In contrast, many high-conflict parents do trust the neutral decision-maker, benefit from a clear and precise order, and are encouraged by parallel parenting. They neutralize their balance of power and reduce the likelihood for conflict to erupt in front of the children. Because the neutral decision-maker can make decisions (e.g., whether or not the child will participate in Little League and how each parent can participate with the child) in a timely way, the child's life is less likely to be halted or disrupted by the conflict.

**Developmental Needs of Children**

**Infants and Toddlers (0 - 3 years)**

During this stage, the foundations of basic trust and relationships are formed. In the first year of life, children develop initial attachment(s), a necessary precursor for the development of basic trust. By the end of the first year, receptive language skills are developing and the infant's personality is starting to form. Once a predictable, secure relationship with a primary attachment figure has been secured, the infant begins to separate from that primary parent to form his/her own personality. This process is often referred to as "separation-individuation". During the toddler years, children begin developing autonomy and experimenting with separation, starting to assert themselves. Their emotions are quite volatile. By age three, if all goes well, emotions settle down, language skills are intact, and they are likely to be toilet trained. They are ready for a burst of psychological growth which will take place over the next three years.

Children in this age group require predictability, consistency, and routine. When a divorce occurs during this time, there is a loss which the child cannot understand. This can be pronounced if there is a major disruption in the consistency of the existing primary attachment relationship(s). Symptoms may include regression, problems with feeding, sleeping, self-soothing, and irritability. Some of these children become depressed and withdrawn, especially because they cannot express their loss in words. Separation anxiety for children in this age group can become exaggerated. If one or both parents becomes depressed, which is quite common, basic care may be diminished.

Children at this age are at risk for more serious regression or developmental delays if the basic care giving is lacking due to depressed or disturbed parents. It is not uncommon for young, possibly immature adults (aged 18 - 25) to have babies. Sometimes they never lived together, or they may have separated during the first two years of the child's life. The developmental needs of the children may become impacted by the maturity level of the parents. Rather than the idea of "one psychological parent", or a "primary parent", recent
research supports that children can have a hierarchy of attachment figures, all of whom have importance for children in their post-divorce adjustment. Some children do have one primary parent that has attended to the majority of day-to-day needs. Other children may have two or three adults (2 parents and a day-care provider) who have attended to day-to-day needs. Children in this age group need a parenting plan reflecting the following:

- The child's relationship with a primary parent is of major importance during these first three years of life.
- Children up to 18 months old need stability and security in the primary attachment relationship(s).
- Children can develop within normal limits when separated from the primary parent to be with the other parent. This will be affected by the extent to which each parent has been directly involved in the child’s life.
- The attachment(s), parenting skills, and environment are important. Frequent, shorter visits may be ideal. Overnights may need to be limited in the first year of life if there has been one primary parent.
- With increased capacity for memory and cognition, many children in the group from 18 - 36 months who have had one primary attachment may begin to tolerate and benefit from overnight time with the other parent.
- It may be difficult to develop a relatively equal parenting plan for children in this age group since there may be too many transitions and disruptions to the primary attachments.
- The children who do best with relatively equal parenting plans seem to be those children with an easy temperament who have parents that are supportive of one another and exchange their child with little conflict. Children who have disorganized or anxious attachments may need one primary parent. Other key factors are similar routines in each household, relative stability of the transitions, and parents who can communicate about the child and his/her developmental, medical, and emotional needs. This communication must allow the parents to be sufficiently responsive to the child and his/her needs. These parents need to have the capacity to help each other understand the infant, work together to develop routines that are familiar to the infant, collaborate on soothing techniques, help each other as language emerges, and reassurance each other in their respective parenting techniques. Such parents must be flexible in their response to the child's changing needs. Such a pattern is used in healthy intact families and if it is used in a separated family, the shared parenting plan will be natural for the child and his/her development.
- When parents are in significant high-conflict, very young children appear to benefit the most from schedules that resemble their pre-separation patterns of contact with each parent. While neither parent needs to be considered the primary parent, the child needs predictability in his/her environment until the conflict can settle down.

**Preschoolers (3 - 5 years)**
During this stage, the child is developing a better ability to understand language, relationships, and feelings. Children of this age are making significant progress in their cognitive skills and peer relationships. Sex role identification is developing. If the separation-individuation process has been healthy, children of this age can be expected to expand their horizons, go to preschool and make friendships. These children are often delightful, learning to manage their feelings and being inquisitive about everything. If attachments and care-giving are secure, these children will be ready to venture off to kindergarten with good self esteem and confidence.

On the other hand, preschoolers are at risk for fairly serious regression when attachments are anxious and they do not understand the conflicts of their parents. They may become easily confused and do not understand what is occurring around them. Developmental delays and regression in toileting, sleeping and feeding are common. They may experience irritability and clinging behavior. Some children become depressed and withdrawn.

Nightmares may become more pronounced. Self confidence may suffer and there can be increases in aggressive and anxious behaviors. Many of the children in this age group worry about their parents and may try to act "perfect". They may do this out of fear or they may be unconsciously taking care of their parents. We may be seeing the early signs of parentified behavior, in which they care emotionally for their parents, ignoring their own needs. A certain amount of this behavior is normal during the early stages of divorce, but when such behaviors are many, or extend for more than a year, this could reflect a more serious adjustment problem for the child.

These children need parenting plans consistent with the following:

- Continued focus on predictability, routine and structure for the child.
- Children aged three and older can certainly tolerate overnight contact with each parent.
- Discipline and routine needs to be consistent in each parent's home.
- Parents will need to share information about the child and his/her eating, sleeping, toileting, medical, and social / emotional functioning.
- Children need freedom from direct exposure to parental conflict. If the parents continue to be in conflict, parents might consider using neutral sites (e.g. school or day-care) for transitions and neutral decision-makers.
- Children in this age group often benefit from longer blocks of time with each parent that enables them to be settled in routines at each home. Many of these children do not do well with frequent transitions.
- In this age group, parents need to put their needs secondary to the child's. While the non-custodial parent may want longer blocks of time with their younger child, many children of this age still need a primary home. This is dependent on the quality of attachments, whether parents are consistent and relatively free of conflict, and whether the child is experiencing significant vulnerability and stress.
• There may be situations in which each parent has some pathology or parenting flaws, but each offers the child something the other does not. In those cases, it is important to have a parenting plan that maximizes each parent's strengths while minimizing the extent to which the child is exposed to the pathology.

**School - Aged Children (6 - 12 years)**

This is an age in which children thrive on structure and routine. Peer relationships are growing, and they are learning to master social rules. Creativity continues to grow and these children are adept at making up games with unique rules. Rules are important as these children focus on fairness in their life. Socialization and being part of a group are important to children of this age. They are learning to better understand and express their feelings and master cognitive and academic skills. They can be quite silly at times and still prefer to play much of the time. They are learning skills in such areas as academics, sports, music, dance, art, etc. Self esteem grows when they function well in school, on the playground, and in the family. It is not uncommon for children of this age to have different relationships with each parent, preferring mom for some things and dad for others.

Divorce brings many challenges to children of this age. Younger school-aged children tend to feel the loss of the family and may experience sadness and crying, often longing for the return of the family unit. Older children in this age-range may be likely to experience anger and use alignment to mobilize self-esteem. Children of this age often feel directly responsible for the divorce, especially if they perceive that conflict focused on them. These children may exhibit multiple symptoms, including tantrums, regression, sleep problems, acting out, behavioral and academic problems in school, withdrawal or aggression with peers, and depression. This is a population that believes in fairness, and wants to please their parents. They feel overwhelmed by their parent's conflict and usually try to fix it, yet they are ill equipped to do so. When a parent is depressed, these children are at risk for parentified behavior in which they emotionally care for that parent.

In extreme high-conflict families, this population may present as asymptomatic on the surface, but feel overwhelmed and vulnerable underneath. These children are at risk for emotional splitting in which one parent is "all-good" and the other is "all-bad". They often feel stuck by the loyalty conflicts and may become emotionally constricted, worrying about their parents. Alignments which were natural in the pre-divorce family become highlighted, increasing their risk of alienation. These children have difficulty maintaining a strong internalized self-image as a result of the conflict. The may become overwhelmed and disorganized, struggling with the different emotions and behaviors of each parent.

It is not uncommon for children to hear one parent blame the other or hear different explanations from each parent for things which they experience. For example, when one parent says, "I don't know why your mother doesn't call you when you're here. She probably doesn't care much for you," and the other parent says, "I called you three times..."
last night, why didn't you call back? Doesn't your dad give you the messages?" this is quite confusing to children, who do not know which parent to believe.

These children need a parenting plan which encompasses the following concepts:

- A structured and consistent time-share that assures access to each parent, when indicated. Optimal parenting plans range from 35 - 65 % of time with either parent (and thus a primary home) to 50/50 joint physical custody in which the child is with each parent about ½ of the time. While children often express a wish for equal time with their parents, this may simply be to keep things fair.
- While joint physical custody may be best in a given situation, I believe it requires a degree of consistency and a willingness for the parents to resolve their conflicts away from the child. It also requires the parents to share all of the tasks of parenting and help the child and each other transfer the child's things (school supplies, athletic equipment, etc.) from one house to the other without conflict.
- The time-share needs to promote each parent's strengths, while giving each parent time alone to recover from the divorce on his/her own.
- Exchanges need to minimize the extent to which the child is exposed to the conflict. School or other neutral places are excellent transition places between mom's house and dad's house.
- The parents need a plan for conflict resolution that keeps the children out of the middle. Children should not be messengers or spies for their parents. Communication needs to be by and through the parents, with the aid of a neutral professional when required.
- To the extent the parents can do it, there should be a plan for co-parenting. For those parents in which the conflict is more extreme, a pattern of parallel parenting and detachment from each other will be optimal.

For those families in which the co-parenting relationship is relatively free of conflict, the children have a strong attachment to each parent and are adjusting well and both parents are relatively equal in their attachments, some form of joint physical custody is often ideal. However, given the potential for children being caught up in the middle of the conflict, and given the risk of alignment and alienation in children of this age, such a plan will not always work. Instead, when the child is exposed to too much conflict, when the child is not managing his/her stress very well, when the routines in each parent's home are significantly different, or when one or both parents struggles to empathize with the child and maintain healthy parent-child boundaries, the child is likely to need a primary home, with blocks of time in the other parent's home to assure continuity and growth of each parent-child relationship.

**Adolescents (13 - 17 years)**

The major task of the adolescent is developing greater independence and autonomy from the family. Their separation-individuation process is similar to that of the two-year-old.
There can be a tendency to act with oppositional and negative behaviors. Just as with the toddler, adolescents express some resistance and rebelliousness while forming their identity. Healthy adolescents function well in school, have self confidence, and strong peer relationships. They learn to talk with their parents about life goals and they begin to plan for driving, working, and college or vocational school. As a group, adolescents tend to be somewhat moody and reactive in their emotions. They may feel overwhelmed by pressure from their peers, use poor judgement, and be socially insecure. Their ideas, values, and goals are in a state of turmoil and may change considerably over their junior high and high school years. However, these years can be exciting ones as teens grow into productive and idealistic individuals.

However, with this considerable internal adjustment, this is a population at potential risk. This is true for adolescents of intact families as well as with families of divorce. When a divorce occurs at this age, teens worry about the loss of their family life. They tend to feel a blend of responsibility and guilt, and anger for the way it has affected them. Children of this age tend to be self-centered naturally, and the divorce becomes a disruption to them. They may avoid both their parents, especially if the parents are burdening them with loyalty conflicts and adult problems. When there is a pattern of high-conflict, children in this age-group are at risk for persistent academic failure, depression, suicide, delinquency, promiscuity, or substance abuse. With their ability to see things more abstractly, they become much more aware of their parents' flaws. This may lead to a more rapid destruction of their idealized view of their parents, resulting in anxiety and anger. This anger may take a fairly self-righteous stance and adolescents may resist contact with the parent whose flaws have been significantly exposed.

Some adolescents want little or nothing to do with one of his/her parents. This must be understood completely. Sometimes, it is the result of alienation by one parent; sometimes, it is the result of frustration with the conflict; sometimes it relates to the moral indignation of the parent's divorce-related behavior; and sometimes, it is the result of legitimate frustration that has built over a long relationship of pain. When an older adolescent (15 - 17) is adamant about how he/she wants the parenting plan to be, this must be seriously considered. Courts do not want to set up a situation which may encourage an adolescent to rebel (any more than he/she would anyway).

Adolescents need parenting plans which reflect the following:

- A time-share plan which incorporates a range of possibilities. Many adolescents prefer one primary home, in large part to avoid confusion for their friends. For many of these teens, they will want weekends or evenings with the other parent. Some will prefer a balanced, 50/50 plan with their parents. Much of this will depend on the prior history of the relationships with each parent and the availability of the parents to meet their needs. At times, adolescents use one parent's home to get a break from the other. More than anything, adolescents will often want a say in the parenting plan.
• Adolescents may require a different schedule than siblings. This can depend on a number of variables, including the adolescent’s wishes.
• A statement about the need for any possible support services such as therapy, substance abuse counseling, tutoring, or other such needs.
• To the extent this is relevant, statements about the need for the parents to manage their conflicts away from the teen and maintain healthier boundaries with them. To the extent that one or both parents is confiding adult issues to the teen, this should be discouraged.
• In cases of severe high-conflict, the teen’s autonomy and detachment from both parents may be critical. The adolescent may need to find other appropriate supportive adults may also be indicated. These teens may require someone to monitor and assess the ongoing risks.

Children's Reactions to Parental Conflict

The extent of children's reactions is dependent on many variables, including:

- the age of the child,
- the intensity and chronicity of the conflict,
- the degree of violence or fear of violence associated with the conflict,
- the degree and length of time in which the child has been exposed to all of the conflict or just fragments of it, and
- the psychological health of the child.

In general, a history of aggression and conflict in the family has been strongly and consistently associated with emotional, behavior, and social problems in children. While children from these families have more adjustment problems than normally expected, the range for individuals is broad. Kline, Johnston, & Tschann (1991) and Johnston (1994) suggest that a good parent-child relationship can buffer children from interparental conflict. Individual characteristics of the child (e.g. a more adaptable temperament or better coping skills) may help the child be more resilient to the conflict. Johnston (1994) found that "an association between joint custody / frequent access and poorer child adjustment appears to be confined to divorces that are termed 'high-conflict'."

Very young children may be partially protected from the negative effects of conflict because they do not fully appreciate the conflict experience, but even they are susceptible to emotional distress, somatic complaints and regression in their development. Older pre-school children may be more likely to understand the conflicts and the feelings of their parents. Their reactions may include regression, confusion, sadness, low-self esteem and fear. They may avoid peer relationships and withdraw from their care-givers.

School-aged children are much more likely to have a range of reactions, starting with guilt. Children of this age often feel responsible for the conflicts of their parents. They show a greater frequency of externalizing (aggressive or delinquent) and internalizing (withdrawn
or anxious) behaviors. This is a group that is highly susceptible to school problems, regression, and poor self esteem (Johnston, Kline, & Tschann [1989]). When there is violence associated with the high-conflict, boys in particular are at risk for delinquent acting out.

Adolescents who have been exposed to conflict and violence tend to be aggressive and have multiple behavior problems, including truancy, problems with authority, and revenge-seeking behaviors. They are at risk for drug abuse, promiscuity, social alienation, delinquency, and school failure. They may attach to destructive peer groups and gangs as a substitute for the family. Internalizing adolescents may feel suicidal, emotionally constricted, and numb to the pain that they feel.

References


