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Visser, M.M.

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Chapter 6

Summary and general discussion

INTRODUCTION

The impact of destructive parental conflicts on the whole family system, not only requires child-focused but also parent-focused interventions to decrease children's symptoms and to improve their well-being. Interventions aimed at decreasing negative direct effects of exposure to destructive parental conflicts (Cohen et al., 2010) need to be improved by adding parent-focused components aimed to decrease the negative indirect effects of destructive parental conflicts on children, such as negative parenting behavior and impaired parent–child relationships. Because parents can be adversely affected in a variety of ways (e.g., depressed, frightened, stressed) by the parental conflicts, examining how the mental health state of parents can cross over to children's self-reported stress symptoms, provides a relevant contribution to our knowledge on how parental conflict affects children. Such reasoning also applies to examining the negative relation between exposure to destructive parental conflicts and the parent–child relationship. When parents are stressed by the parental relationship, or by a divorce, they may be occupied by daily life stress, they may be frustrated and tired. As a result, they may find it difficult to direct their attention to the children, to be psychologically available, or to talk about emotions with their children. The first goal of this dissertation was to contribute to a better understanding of the impact of destructive parental conflicts on children and their environment by examining relational mediating 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. I examined these questions in families exposed to interparental violence (Chapters 3 and 4).

A specific group of families with parental conflicts are divorced parents. They face the challenge of establishing a high quality co-parenting relationship despite of their relationship difficulties. This is crucial, not only for parental adjustment (Katz & Woodin, 2002), but also because co-parenting quality with a low level of destructive conflicts is essential to ensure children's healthy development (Amato, 2005; Bronstein, Clauson, Stoll, & Abrams, 1993; Nunes-Costa, Lamela, & Figueiredo, 2009; Whiteside, 1998). An important question for research is then how conflicts between parents are maintained and/or how they escalate. In high conflict divorced (HCD) families not just parents and children are involved in the destructive parental conflicts, but also the extra-familial network. As a result, family, friends, lawyers, teachers and other social network members are likely to have a role in the maintenance and escalation of destructive parental conflicts. The second goal of this dissertation was to get a better understanding of the specific relational processes that maintain parental conflicts after divorce. Examining how the social network of parents may contribute to the maintenance of parental conflicts also provides important knowledge.

First, I examined a high-risk sample of parents and children (4 – 12 years) exposed to interparental violence (IPV). In this sample, I tested how the effects of IPV on both parents and children influence each other in relational processes. Specifically, and based on parents' and children's self-reports, I examined how parental stress may cross over to children's stress-related symptoms. Furthermore, I compared parent–child communication in IPV exposed and non-IPV exposed families, based on behavioral observations.

Second, I examined relational processes that maintain parental conflicts in a specific sample of families with destructive parental conflicts, namely HCD families. Before testing my hypothesis in a clinical sample, I first tested how parents' tendency to forgive each other mediated the positive link between perceived social network disapproval and parental conflicts in a convenience sample of divorced families. Following this initial test, I replicated these findings in a sample of HCD families referred for treatment because the mental health of the children was severely compromised by the severity and duration of the conflicts between parents. The current chapter provides a summary and discussion of the main findings, strengths and limitations, and will set out future directions for research and clinical practice.

MAIN FINDINGS

Relational Processes in the Aftermath of Exposure to IPV

Although research shows that children are not only directly affected by IPV but also indirectly, through parenting and the parent–child relationship (Appel & Holden, 1998; Krishnakumar & Buehler, 2000; Levendosky & Graham-Bermann, 2001), the possible interpersonal cross-over effect of parental psychopathology to children's self-reported trauma-related symptoms has not been examined, yet. This was the main aim of Chapter 3. In this chapter the main result was that parents' ability and motivation to direct psychological resources at the children mediates the link between parental psychopathology and children's self-reported IPV-related anxiety, depression, and anger. In the study reported in Chapter 3, this parental availability (Danner-Vlaardingerbroek, Kluwer, van Steenbergen, & van der Lippe, 2013) was found to be one underlying mechanism to explain a crossover effect, in a high risk sample of IPV families, from parental psychopathology to children's trauma-related symptoms. Specifically, the results indicated that parents' psychopathology spills over to parents' ability to direct psychological resources at the children, which in turn affected children's trauma-related symptoms. Spillover effects were defined as the intrapersonal mechanism by which stress experienced in one life-domain results in stress in another life-domain for the same individual (Westman, 2001), in this study

parents exposed to IPV. Crossover effects were defined as the interpersonal mechanism by which the psychological strain and stress of one person affects the level of psychological strain and stress of another person in the same social context (Westman, 2001); in this study parents were assumed to affect children. More specifically, more parental psychopathology was related to more IPV-related anxiety, depression, and anger in children through a decrease in parental availability.

Although abundant research shows that parents are affected by IPV, too (Campbell et al., 2002; Woods, 2005), the results reported in Chapter 3 indicate a new pathway through which parental mental health may indirectly affect children's mental health. These results suggest that parental psychopathology may limit the capability of a parent to be fully available for the child. For example, when the child comes home after trauma treatment and wants to talk about a bad memory involving a fight between the parents, and finds a depressed mother in bed without any energy or interest to listen to the child, children's reactions may be characterized by children's withdrawal or anger. The lack of direct relations between parental psychopathology and children's anger and anxiety suggest that children's emotional reactions need not necessarily be attributed to the parent's psychological functioning, but to the parent not being available to comfort the child. Another important mechanism may be that parental psychopathology is linked to a diminished capability to listen to and share positive events with the child. Research shows that both the act of telling others about good events and the response of the person with whom the event was shared have positive consequences (Gable & Reis, 2010). Personal benefits may be subjective well-being and self-esteem, and decreased loneliness. Relational benefits are linked with commitment, trust, liking, closeness and stability. So, when a child comes home and wants to tell about a happy adventure with a friend, while mother reacts with anxiety, again, children's reactions may be characterized by anger or withdrawal.

In contrast to what I expected based on the existing literature (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012), parental psychopathology did not have a crossover effect on children's posttraumatic stress symptoms, neither directly nor indirectly. This lack of a link between parental mental health and children's posttraumatic stress symptoms may be because of a multitude of additional processes and factors which may put children at risk for developing posttraumatic stress symptoms not measured in this study (e.g., direct effects of IPV on children; effects of severity and duration of earlier traumatic experiences on children) (Trickey et al., 2012).

Also, in contrast to what I expected based on the literature on single trauma and exposure to community violence (Bokszczanin, 2008; Gil-Rivas, Silver, Holman, McIntosh, & Poulin, 2007; Kliewer, Lepore, Oskin, & Johnson, 1998), parental availability was not related to children's trauma symptoms. It is possible that in IPV families, children need their parents' availability to process traumatic events in

another way than I envisaged. To process difficult and even traumatic life events, it is important for children to give meaning to the IPV they have been exposed to (McDonald, Jouriles, Rosenfield, & Leahy, 2012), and to form a coherent narrative of the events (Cohen, Mannarino, & Murray, 2011). In this research, I assessed parents' capacity to be psychologically available to the child and to be able to spend time with the child (Danner-Vlaardingerbroek et al., 2013). Nevertheless, it may be that more specific capacities of parents are needed, such as being able to verbalize emotional experiences in a developmentally adequate way. Thus, parents may not only have to be available, but also capable of talking about emotions in a meaningful and sensitive way that helps children to process traumatic events like IPV.

Research showed that parent–child relationships in which children feel safe to give meaning to traumatic events, may enhance their recovery (e.g., Fivush, 2007; Oppenheim, 2006). At the same time, it is known that parent–child relationships in families exposed to IPV may be of low quality (Appel & Holden, 1998; Levendosky & Graham-Bermann, 1998; Levendosky & Graham-Bermann, 2000; Levendosky & Graham-Bermann, 2001; Osofsky, 2003). However, observations of parent and child contributions to emotion dialogues in IPV exposed families and non-exposed families were neither studied nor compared, yet. My dissertation was the first to fill this theoretical gap. The second main result of the current study is that mother–child emotion dialogues are of lesser quality in IPV-exposed dyads than in dyads not exposed to IPV. Specifically, in the research reported in Chapter 4, I found that in IPV families, mother–child dialogues were often classified as flat (Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003). Flat mother–child dialogues are characterized by a lack of involvement of both parent and child, low elaboration, and poor development of the stories compared to healthy mother–child dialogues. Furthermore, mothers showed less sensitive guidance and children showed less co-operation and exploration when exposed to IPV, compared to mothers and children not exposed to IPV. These results may have important implications for children's development. Lower quality of mother–child emotion dialogues may impede children's healthy adjustment to possibly overwhelming experiences such as exposure to IPV (Fivush, Marin, McWilliams, & Bohanek, 2009)

Taken together, the results in Chapter 3 and 4 of this dissertation highlight the importance of focusing on parental availability and parent–child emotion dialogues in the treatment of children in the aftermath of IPV exposure. Crucially, they underline that parenting and the parent–child relationship need to be taken into account to improve our understanding of the indirect effects of IPV on children.

Relational Processes in the Maintenance of Parental Conflicts

Although the link between social network approval or disapproval and the quality of romantic relationships (e.g. Le, Dove, Agnew, Korn, & Mutso, 2010), and parents' individual adjustment after divorce (Sprecher & Felmlee, 2000) is well-established, the relation between perceived social network disapproval and the level of destructive parenting conflicts has not been examined, yet. Furthermore, research shows that the level of forgiveness is also an important predictor of the quality of the co-parenting relationship (Reilly, 2014; Rye et al., 2012). However, to my knowledge, forgiveness has never been studied as a possible underlying mechanism in the link between perceived network disapproval and conflicts. This was studied in Chapter 5. In this chapter, the main result was that the level of parenting conflicts in divorced couples is associated with perceived social network disapproval and that this link is mediated by parents' tendency to forgive each other. I found this result first in a convenience sample of divorced parents. Then I replicated the result in a clinical sample of HCD families who were referred to treatment because of the imminent threat parental conflicts posed to the psychosocial wellbeing of their children. The replication of the proposed mediation results in two different samples underlines the robustness of the findings.

The results confirm the established positive relation between social network support and the quality of the co-parenting relationship. Specifically, a high quality co-parenting relationship is often characterized by high levels of positive support among parents and low levels of destructive conflicts (e.g., Whiteside & Becker, 2000). The results reported in Chapter 5 extend our knowledge by indicating a new underlying mechanism which may explain why in many divorced couples co-parenting conflicts are maintained or even escalate, namely through parents' unwillingness to forgive each other. Forgiveness is an important interpersonal process, which serves to maintain the relationship after conflicts (for a review see Karremans & Van Lange, 2008). Family, friends and other important social network members can be regarded as third parties in conflicts between parents. For several reasons, third parties are generally less forgiving than first parties (for a review, see Green, Davis, & Reid, 2014). So, parents may perceive that close others are not willing to forgive their ex-partner, which may fuel a less forgiving attitude in the parent. This less forgiving attitude, in turn, may explain the continuation and escalation of destructive parental conflicts after a divorce. These results suggest the importance of focusing on parental forgiveness in interventions for HCD families. In addition, they underline the importance of involving the social network of both divorced or separated parents.

LIMITATIONS AND STRENGTHS

Limitations of the Current Research

Causality of the results: cross sectional study

A limitation of the research in Chapter 3, 4 and 5 is the cross-sectional nature of the studies. Nevertheless, the direction of the proposed associations is consistent with longitudinal studies showing that positive parenting behavior and high quality parent–child relationships predict children's healthy development and wellbeing (e.g., Afifi & MacMillan, 2011; Eisenberg et al., 2005). Also, forgiveness predicts conflict resolution in longitudinal studies (e.g., Fincham, Beach, & Davila, 2007). Although these results are certainly plausible, other directional effects can be proposed. To illustrate, Stice and Barrera (1995) found that negative parenting was not prospectively related to externalizing symptoms in adolescents, although adolescent externalizing symptoms prospectively predicted negative parenting. Also, as mentioned in Chapter 5, DiDonato, McIlwee, and Carlucci (2015) manipulated relationship partners' forgiveness and found that it predicted how social network partners perceived the relationship of the forgiving individual with the perpetrator. Specifically, more forgiveness was associated with greater perceived commitment, satisfaction, and warmth. These results emphasize that relational processes in families exposed to destructive parental conflicts may reinforce each other in a cyclical model. To investigate relational processes in these families the ideal study is with prospective data collection over multiple time points, with both a normative and a clinical sample.

Generalizability: informed consent, sample size, child age and development.

Generalizability of the results may be limited for several reasons. First, the generalizability may be limited, because selection bias cannot be ruled out. In the Netherlands, the Central Committee on Research Involving Human Subjects requires, based on Dutch law, that both parents give informed consent to participate in research for children till 16 years. As required by law, and the Medical Ethical Committee of the VU University, *both* parents had to consent to children's treatment and to their participation in the research project.

In the Netherlands, as in many other countries, (mental health) clinicians need to obtain the consent of both parents for the assessment and treatment of a child, also in the aftermath of child abuse and neglect. Before reporting to Child Protection Services, Dutch professionals are obliged to refer a family on a voluntary basis to counselling, treatment or (psycho)therapy. Clinicians then need to obtain permission for assessment and treatment from *both* parents. In IPV families, however, it cannot be assumed that *both* parents protect the child's best interest. Often one, or

both parents minimize(s) the effects of their conflicts, in the belief that their children were not aware of the fights. For example, parents often assume that children did not witness their conflicts, because they only fought when the children were sleeping (Koren-Karie, Oppenheim, & Getzler-Yosef, 2008; Pynoos, Steinberg, & Piacentini, 1999). Also, parents might not wish to give consent, because they fear this might be used as an acknowledgement of child abuse, or IPV. Finally, parents may refuse consent for treatment to annoy the other parent, or to prevent disclosure of (personal) problems not yet known to the professional. In the Netherlands, clinicians are obliged to acquire both parents' consent for treatment, even if this takes months. If a parent refuses to give consent for treatment, the clinician can report the family to Child Protection Services, which can force parents to start assessment and therapy.

A first limitation of the 'double consent' requirement and the long procedure may have excluded children, often the most traumatized and marginalized, from treatment and therefore also from the research reported in this dissertation. As a result of these strict demands, it is likely that the representativeness of the sample that was recruited and therefore the validity of the findings are at risk (Cashmore, 2006). To study a representative sample of exposed children, a clinical assessment of all children and their families reported at Child Protection Services is necessary.

A second limitation of the double consent requirement is the small sample size. Despite our efforts to obtain a larger sample size, I did not get sufficient numbers of participants to enable us to present results of the study protocol described in Chapter 2. Also, the sample size in Chapter 3 was quite small, 78 children and their 65 parents participated. However, I tested the robustness of the findings and repeated the reported analyses for multiple sub-samples (inclusion of only the eldest children; inclusion of only the mothers; dyads which filled out all three questionnaires; exclusion of children who had an underscore on the trauma symptom checklist). The results across the different subsamples remained essentially the same in direction and strength, which underlines the robustness of the findings.

Another aspect that limits the generalizability of our findings is the focus on families exposed to destructive parental conflicts with children aged 4 to 12 years. Young children learn to talk about emotional events, primarily, in the parent–child relationship (Kopp, 1989). However, adolescents face different developmental challenges (Scharf, Mayseless, & Kivenson-Baron, 2004) and were not included in this sample. How the results can be translated to families exposed to destructive parental conflicts with adolescents, or how family relationships will develop over time and affect emotional well-being and children's healthy development, is not known.

Adolescents have to learn how to engage in intimate relationships with friends, how to engage in romantic relationships, and at the same time how to establish an autonomous role in the parent–child relationship by the time they leave home (Scharf

et al., 2004). Furthermore, research shows a link between exposure to destructive parental conflicts and dating violence in adolescence (Dardis, Dixon, Edwards, & Turchik, 2014). The developmental age of children will in all probability influence the direct and indirect effects of IPV on family relationships, and will also affect post traumatic reactions. Falling in love, having a conflict with your romantic partner may be new life events for the adolescent, which may give new meaning to the exposure to IPV in the past and/or the present. In other words, children who may have experienced traumatic experiences at a younger age may later on have posttraumatic reactions because of new life events. To study long-term and developmental aspects of relational processes in families exposed to destructive parental conflicts, longitudinal research, with experimental data collection, from early childhood into adulthood may be especially promising, if we wish to find out about long-term effects of IPV and HCD children.

The role of fathers in IPV families in research

Unfortunately, and in line with other research (Phares, Lopez, Fields, Kamboukos, & Duhig, 2005), in both IPV studies the majority of participants were mothers (Chapter 3, 94%, and in Chapter 4, 100%). Fathers as participants are underrepresented in child psychopathology research (Cassano, Adrian, Veits, & Zeman, 2006), in pediatric research, and in therapeutic treatment of children's mental health (Phares et al., 2005). Specifically, in child maltreatment research fathers are underrepresented (Dubowitz et al., 2001). We need more fathers as participants to understand their roles and relationships in IPV-exposed families.

By (almost) only having mothers participating in the studies, we run the risk of getting a one-sided picture of the family violence children have been exposed to. The mothers participating in this research reported on the father's violence (peer report), and they reported about the violence they used themselves (self-report). Self-reports may be limited by considerably disparity in recall for violence between mothers and fathers (Browning & Dutton, 1986), by lack of awareness, and by social desirability (Morsbach & Prinz, 2006). We need fathers' reports about family violence to gain a more complete overview of the violence children have been exposed to. Such knowledge may have important implications for the relational processes in parenting as well as for the parent–child relationships of both parents. For example, Guterman, Lee, Lee, Waldfogel, and Rathouz (2009) showed that a healthy father–child relationship was associated with a reduced risk of maternal child abuse. Also, perpetrators of IPV may undermine their ex-partners' parenting in different ways (Bancroft & Silverman, 2002). So, perpetrators' parental behavior (mothers and/or fathers) may be especially important to address to promote healthy and supportive parental relationships, and to repair and enhance healthy parent–child relationships. In Chapter 5, I succeeded

at including 46% fathers to participate in this study, because they were already committed by treatment. To increase fathers' participation in research, increasing their commitment to treatment seems essential.

Strengths of the Current Research

Apart from the abovementioned limitations, the studies in this dissertation also have several noteworthy strengths. First, I commenced the integration of two different research areas, by combining not only a focus on IPV families, but also on HCD families. Children living in IPV and HCD families are exposed to destructive parental conflicts. These conflicts affect the whole family system, both parents and children. In Chapter 1, I highlighted the similarities between these two groups of families regarding the direct and indirect effects on children. However, I also distinguished between the two groups of families, based on the extra-familial context of the destructive conflicts between parents in HCD families. So, future research in both areas could benefit by using the same or comparable measures, and by including both kinds of families, IPV exposed and HCD families.

Second, the studies reported in the Chapters 3 and 4 not only included parental reports but were also based on children's self-report and observational measures. Using self-report questionnaires for children is important because different informants may have different perspectives on children's symptomatology (Lanktree et al., 2008). Furthermore, Hennigan, O'Keefe, Noether, Rinehart, and Russell (2006) found that current maternal psychological distress was associated with more pessimistic assessments on children's symptoms. In their review about the relation between interparental conflicts and children's adjustment, Buehler et al. (1997) found that only 23% of interparental conflicts were measured by way of observations, and that observational data produced stronger effect sizes between IPV and children's symptoms than questionnaires. For this reason they recommended the use of behavioral observations when studying parental and parent–child relationships and IPV. In Chapter 4 I used an observational measure of the parent–child relationship.

Third, in Chapter 5, I identified parents' tendency to forgive each other as one underlying mechanism between perceived social network disapproval and parental conflicts, which may account for the maintenance and escalation in divorced families. One strength of this study is the replication of this result in HCD families: Families in which the children were referred for intervention because their mental health was seriously compromised by the severity of the parental conflicts. This is especially important because clinical implications based on scientific research for this group of children are scarce.

DIRECTIONS FOR FUTURE RESEARCH

The results of this dissertation provide several recommendations for future research. Below, I will discuss three issues that may guide future research to improve our understanding of the impact of destructive parental conflicts on the whole family system. First, I suggest how the two separated research fields of IPV and HCD families may be more integrated by addressing issues (relational processes in the nuclear family and extra-familial influences) present in both areas. Second, I illustrate how the results may be important for understanding abuse-specific parent–child interactions. Third, I suggest, in addition to the role of the social network in maintaining, and potentially enlarging divorce-related conflicts, to study the possible influence of other characteristics of HCD families on maintaining parental conflicts.

Comparing HCD and IPV Exposed Families

Future research would gain from parallel research in both IPV-exposed and HCD families to delineate similar as well as different pathways of mediators and moderators between parental relationship characteristics, the maintenance of destructive conflict, social network risk and protective factors for different subsystems, parenting behavior and child and parent mental health outcomes. As mentioned in Chapter 1, one of the most salient similarities between families exposed to IPV and to HCD is how destructive parental conflicts affect children not only directly, but also indirectly because of the negative influence of the conflicts on parenting behavior and the parent–child relationship. A characteristic distinguishing the two groups of families, based on clinical experience and descriptions of HCD (Anderson, Anderson, Palmer, Mutchler, & Baker, 2010; Van Lawick & Visser, 2014), seems to be the extra-familial context of the unresolved, ongoing conflicts by parents in high-conflict divorced families. However, the underlying mechanisms of the indirect and direct effects need to be studied in HCD families, and the influence of the social network on the maintenance of parental conflicts in IPV exposed families, which to my knowledge has not yet been investigated.

Another important research question in HCD and IPV exposed families concerns the dynamics and development of violence (e.g., when, if, and how often family violence occurs, severity, and chronicity). The rates of family violence in HCD families are estimated to range from 25 to 50 percent (Morrill, Dai, Dunn, Sung, & Smith, 2005). Yet, these studies mainly include intimate partner violence of male perpetrators and female victims. This gender paradigm frames intimate partner violence as primarily male perpetrated, and presents female intimate partner violence as self-defensive. Dutton, Corvo, and Hamel (2009) have argued that a predominant gender paradigm in domestic violence is politically driven and not supported by the data. At

the same time, apart from this gender paradigm, the differentiation between types of intimate partner violence (Kelly & Johnson, 2008), the development of family violence over time, and the risk of poly-victimization for children (Finkelhor, Turner, Ormrod, & Hamby, 2009) have over the last decade been recognized as especially important as they may point to future directions for interventions. Especially longitudinal, multi-informant, experimental research may deepen our understanding of how to intervene in these families on all abovementioned aspects. One example, a study to examine if different types of IPV serve as a moderator in the link between the intervention "*No Kids in the Middle*" and child outcome.

Abuse-specific parent–child communication and parental availability

The results of Chapter 4 led to another important research question, namely how mother–child communication about daily events may transfer to mother–child communication about IPV-experiences. Preliminary results of a comparison between mother–child dialogues about a devastating tornado and about two affectively more neutral events suggest that mother–child conversations about traumatic and non-traumatic events are more similar rather than different (Bauer, Burch, Van Abbema, & Ackil, 2007). However, conversations about multiple, interpersonal traumas like destructive parental conflicts may have some additional challenges compared to conversations about a single trauma like a natural disaster. With multiple or chronic, interpersonal traumas such as family violence, both parents and children may experience feelings of isolation, shame, and guilt (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Street, Gibson, & Holohan, 2005). In addition, role reversal may influence children's contribution to difficult and possibly negatively affected family issues (Carroll, Olson, & Buckmiller, 2007). Future studies are needed to compare mother–child emotion dialogues about IPV events with mother–child emotion dialogues about daily negative events.

Research suggests that parents exposed to IPV more often focus their attention on their own needs rather than on their children's needs (Koren-Karie et al., 2008; Pynoos et al., 1999). Also, they tend to underestimate the influence of IPV on their child (Cohen, Hien, & Batchelder, 2008; Koren-Karie et al., 2008; Van Rooij, van der Schuur, Steketee, Mak, & Pels, 2015) and may experience their children's behavior as a reminder of their own trauma (Lieberman, 2004). My results suggest that in future research more attention should be paid to the mechanisms explaining how dimensions of IPV-related parental psychopathology are associated with perceived (by parents and children) and observed (by researchers) parental unavailability in daily exchanges between IPV exposed parents and their children. Longitudinal research and a more complete assessment, with different informants and observational measures of the full range of parental mechanisms that facilitate the reduction of

children's symptoms in the aftermath of IPV exposure is essential to providing effective treatment.

Relational processes in maintaining, and potentially deteriorating, divorce-related conflicts

Several attempts have been made to characterize HCD families (Anderson et al., 2010; Retz, 2014). However, often the characteristics mentioned have not yet found empirical support (Anderson et al., 2010). Similarly, the possible influence of the social network on destructive parental conflicts has largely been ignored. As we still have only scant knowledge of how conflict works within the broader family system context, I examined whether the perceived views of the social network members in HCD families affected the continuation of destructive conflict in HCD families.

When developing "*No Kids in the Middle*" (Van Lawick & Visser, 2014) (see also Appendix I), we assumed that five relational factors contribute to destructive conflicts among HCD parents and thus to the deterioration of children's psychosocial wellbeing and healthy development. These five factors, among which social network influences figure prominently, are anchored in the existing literature (Finkenauer et al., 2014; Van Lawick & Visser, 2014): 1) polarized opinions of social network members (see Chapter 5), 2) hostile attributions and feelings (Bradbury & Fincham, 1992), 3) incongruence of goals (Fincham & Beach, 1999), 4) superindividual conflicts (Johnston, 1994), and 5) perceived inequity between parents (Davidson, Balswick, & Halverson, 1983). In this thesis, I only studied one factor that contributes to parents' divorce-related conflicts, namely perceived social network disapproval of the co-parenting relationship. Future research examining the extent to which the other (relational) factors are linked to parental post-divorce adjustment may further expand our knowledge on the maintenance and potential escalation of conflict among HCD parents. We need to know more about the link between parental post-divorce adjustment with children's post-divorce adjustment and psychosocial wellbeing, so as to be better able to contribute to effective interventions for HCD families.

IMPLICATIONS FOR CLINICAL PRACTICE

The results of this dissertation offer several important clinical implications. First, interventions aimed at improving parenting and parent–child relationships may well help children's recovery in the aftermath of their exposure to destructive parental conflicts. This is in line with research showing a positive relation between improving parenting behavior and parent–child relationships on the one hand, and children's reduction in symptoms and an increase in healthy development on the other hand.

For example, Child Parent Psychotherapy (Lieberman & Van Horn, 2005), Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, & Deblinger, 2006), Parent Child Interaction Therapy (McNeil & Hembree-Kigin, 2010), and Video-feedback Interaction to Promote Positive Parenting (Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2012) demonstrated the importance of joint parent–child sessions, and the focus on positive parenting for children's outcome in treatment interventions (Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011; Lieberman, Van Horn, & Ippen, 2005; Moss et al., 2011; Timmer, Ware, Urquiza, & Zebell, 2010). The results complement these findings by specifying relational mediating pathways relating parental conflicts on the one hand to parent functioning and parent–child relationships, and to children's psychosocial well-being on the other hand. Adding a parental component aimed at teaching parents how to improve and direct their psychological resources toward their children might be especially favorable in trauma-focused interventions for children. Furthermore, adding parent–child joint sessions in which parents are trained to be more sensitive and ask the child more questions, children may feel safer in the mother–child relationship to cooperate and explore the inner world of emotions (for suggestions see Chapter 2 of this dissertation). Again, improving the parent–child relationship may enhance trauma-focused interventions for children in the aftermath of exposure to destructive parental conflicts.

The results further suggest that services focusing not only on a reduction of parental psychopathology, but also on parenting skills and the parent–child relationship may contribute to the recovery of IPV parents and their children (Diderich et al., 2013). The children themselves may not (yet) have been referred to a mental health office, either because they show resilience and strength, or because problematic emotional development is not recognized by parents as they are absorbed by their own problems. For example, Diderich et al. (2013) showed that in a group of parents who attended the emergency department, and who had also serious psychiatric problems or who had been exposed to intimate partner violence, child abuse was confirmed in 91% of the cases. So, services that support parents may contribute to children's recovery and healthy development by unearthing acts of intimate partner violence and/ or psychopathology and teaching parents how they can be more available for the children.

In the treatment program *HORIZON* (Visser, Leeuwenburgh, & Lamers-Winkelman, 2007), described in Chapter 2, the preparatory psycho-educational program focuses on this aspect of parental availability. The preparatory program precedes children's trauma-focused treatment. Parents are coached to read their children's behavioral and emotional signals accurately and to adequately respond to these signals. Also, parent–child joint sessions are added to a trauma-focused cognitive behavioral intervention. It is plausible that strengthening the ability of parents and children

to talk about daily emotions may also translate to a better ability to give meaning to traumatic experiences like exposure to IPV, and to create a coherent trauma-narrative. In the *HORIZON* treatment program, the joint parent–child interaction sessions focus on this aspect of the parent–child relationship. Parents and children spend 30 minutes together each week, at the end of the separate, parallel parent and child sessions, in which they are trained to communicate about daily emotional events and children share their trauma narrative with the parent. The effectiveness of these treatment components are currently investigated (see Chapter 2 for more information on the study design).

Third, interventions for HCD families aimed at improving parents' preparedness to forgive each other may decrease destructive parental conflicts. This is in line with the positive relation between a high quality co-parenting relationship and forgiveness (Bonach, 2005; Bonach & Sales, 2002). The results from Chapter 5 are consistent with the findings that psycho education about forgiveness may decrease parental conflicts (Reilly, 2014), and reveal that promoting forgiveness to both parents and their involved family members, new partners and friends, may help reduce destructive parental conflicts. To this end, data collection to examine the effectiveness of "*No Kids in the Middle*" is still ongoing (Finkenauer et al., 2014).

SUMMARY AND CONCLUSION

This dissertation provides insights into how mediating relational processes and pathways are related to parental conflict, on the one hand, to parent functioning and parent–child relationship quality, and to children's psychosocial well-being, on the other. Specifically, parents who report more psychopathology in IPV-exposed families tend to be less psychologically available, which in turn, is related to more self-reported symptoms by children. Also, in IPV families, mother–child dyads show lower quality in emotion dialogues then dyads not exposed to IPV.

This dissertation also provides insight into how parents' perception of social network disapproval of the co-parenting relationship is related to a lower tendency to forgive each other, which, in turn, is related to more parental conflicts in divorced and in HCD families. While being exposed to destructive conflicts is challenging enough for children as it is, being exposed to destructive parental conflicts may even be more difficult for children, because of the negative impact the conflicts have on parenting behavior and on parent–child relationship quality. Furthermore, for children's wellbeing and healthy development it is important to create a safe environment without destructive parental conflicts. The results in this dissertation underline the importance to focus on the direct and the indirect effects of exposure to destructive

parental conflicts in interventions for children. The focus on similarities and differences between the two different research areas of IPV-exposed and HCD families offer promising future directions for empirical, clinical research.

The interplay of parental conflicts and interactions among all family members shape parenting abilities, parent–child relationships, and may be important in the maintenance of parental conflicts. At the same time, this means that we may be able to improve children's lives by supporting parents to be available for their children, by promoting healthy ways of communicating about emotions between parents and children, and by stimulating parents to forgive each other.

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