Research Article / Araştırma

The relationship between parental conflict and divorce and psychiatric disorders in children: Risk and protective factors

Ebeveynler arası çatışma ve boşanmanın çocuklarda görülen psikiyatrik bozukluklar ile ilişkisi: Risk ve koruyucu faktörler

Uzm.Dr., Nurdan Ünaldı[1], Prof. Dr. Behiye Alyanak[2]

[1]Child and Adolescent Psychiatry Clinic. Private Practice Istanbul, Turkey, nunaldi@yaani.com, 0000-0002-7533-2320

[2]İstanbul Üniversitesi İstanbul Tıp Fakültesi, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları AD, Türkiye, drbehiye@istanbul.edu.tr, 0000-0003-0972-0728

ABSTRACT

Aim: Divorce is a state of separation in which the spouses no longer live together. It is a dynamic process in which the functions of the family change. In this study, the effects of divorce and conflict on child well-being were investigated. The aim was to examine the relationship between parental acceptance-rejection and divorce, risk and protective factors, and childhood psychiatric disorders. **Material –Methods:** The subjects of the study were 86 cases aged 8-18 years without cognitive developmental delay and autism spectrum disorder who attended the child and adolescent psychiatric outpatient clinics of a university hospital. Participants were administered the Parental Acceptance-Rejection/Control Questionnaire, the Mother-Father Form, the Affective Disorders and Schizophrenia in School-Age Children - Current Version, and the Strengths and Difficulties Questionnaire. **Results**: Perception of the father rejection were more common in children from high-conflict divorced families. Depression and generalized anxiety disorder were found to be the most common psychiatric disorders among children who were rejected by their fathers. Although the children in the high-conflict group did not perceive rejection by their mothers, they described their mothers as cold and distant. It was observed that adjusting to the divorce was worse in the pediatric age group. Depression, panic disorder, and social phobia were found more frequently in cases who were in adolescence at the time of divorce. While depression was the most common psychiatric disorder in the first two years after the divorce, generalized anxiety disorder and oppositional defiant disorder were more common in cases after three years or more. **Conclusion**: After parental conflict, the risk factors that had the greatest impact on child well-being were the absence of the noncustodial parent from the child's life, the amount of time that had passed since the divorce, and the age of the child at the time of the divorce. The protective factors affecting the child's well-being were determined as the quality of communication between parents, access to treatment opportunities, and good social support.

ÖZ

Amaç: Boşanma, eşlerin birlikte yaşamayı bıraktıkları bir ayrılık halidir. Aile işlevlerinin değiştiği dinamik bir süreçtir. Bu çalışmada boşanma ve çatışmanın çocuğun iyi olma hali üzerindeki etkileri incelenmiştir. **Gereç-Yöntem:** Çocukta ebeveyn kabul-reddi algısı, risk, koruyucu faktörler ve psikiyatrik bozukluklar arasındaki ilişkilerin incelenmesi amaçlanmıştır. Araştırmaya bir eğitim ve araştırma hastanesinin çocuk ve ergen psikiyatrisi polikliniklerine başvuran, bilişsel gelişim geriliği ve otizm spektrum bozukluğu olmayan, yaşları 8-18 arasında değişen 86 olgu alındı. Katılımcılara Ebeveyn Kabul-Red/Kontrol Anketi, Anne-Baba Formu, Okul Çağı Çocuklarda Duygulanım Bozuklukları ve Şizofreni Çizelgesi - Güncel Versiyonu, Güçlü Yönler ve Güçlükler Anketi uygulanmıştır. **Bulgular**: Baba reddi algısı, yüksek çatışmalı boşanmış ailelerin çocuklarında daha yaygındır. Baba reddi olan çocuklarda depresyon ve yaygın anksiyete bozukluğu yaygındır. Yüksek çatışmalı gruptaki olgularda anne reddi algısı olmamasına rağmen annelerini soğuk ve mesafeli olarak tanımlamışlardır. Pediatrik yaş grubunda boşanmaya uyumun daha kötü olduğu görüldü. Boşanma döneminde ergenlik çağında olan olgularda depresyon, panik bozukluğu ve sosyal fobi daha sık saptandı. Boşanmadan sonraki ilk iki yılda en sık görülen psikiyatrik bozukluk depresyon iken, üç yıl ve üzeri olgularda yaygın anksiyete bozukluğu ve karşı gelme bozukluğu daha sık görüldü. **Sonuç**: Anne-baba çatışmasından sonra çocuğun iyi oluşunu en çok etkileyen risk faktörleri; velayetsiz ebeveynin çocuğun hayatında bulunmaması, boşanmanın üzerinden geçen süre ve boşanma anında çocuğun yaşı. Çocuğun iyi olma halini etkileyen koruyucu faktörler ise anne-baba arasındaki iletişimin kalitesi, tedavi olanaklarına erişim ve iyi bir sosyal destek olarak belirlendi.

ARTICLE INFO/MAKALE BİLGİSİ

INTRODUCTION

Divorce is a kind of separation in which spouses renounce living together and determine that they are no longer legally husband and wife. This situation affects family roles, relationships, and economic obligations. Divorce is a dynamic process in which the family functions change completely (1). The countries with the highest crude divorce rate for 2020 in the world are Russia (‰4.7), Guam (‰4.2), and Moldova (‰3.7), respectively. Turkey (‰1.62) is further behind in this ranking (2, 3). Reasons for divorce and divorce processes vary widely and the impact on children and parents also varies. Divorced spouses face various social, economic, and psychological problems during the divorce process. These problems result in children not receiving the love, attention, or understanding they need from their parents (4). Divorce negatively affects children's developmental characteristics, well-being, and relationships with parents (5). In contrast, creating a family with a healthy single parent has a positive impact on children's well-being (6).

Many different theories have been advanced regarding the effects of divorce on children. While some children can cope with the adverse effects of divorce, the question of why others are negatively affected has led researchers to identify protective and reinforcing factors. Some studies have examined whether some individuals get divorced because they are genetically and psychologically predisposed to psychopathology or whether the adverse effects following divorce pave the way for psychopathology in them (4-6).

A study conducted by Amato examined the risk factors for child well-being after divorce. In Amato's review study, how much of the parents' and children's pre-divorce psychopathology was related to the divorce itself was referred to as 'the selection perspective' (7). Amato defined the data obtained from these and other studies as the "Divorce-Stress-Adaptation Perspective" (8).

In the meta-analysis study by Auersperg et al., divorce was found to affect adult mental health. The risk of developing psychiatric disorders was found to be higher in children from divorced families (9).

The impact of spouses' second marriages after the divorce on children has been studied (7). It has been reported that many variables such as the age, mental capacity, and gender of the child at the time of divorce play a significant role in the child's adjustment (10). Determining a fixed variable for well-being or the development of psychopathology has been the greatest challenge in this area.

Rohner et al. put forward the parental acceptance-rejection theory. The theory focuses on parent-child interaction and how children perceived their parents. It was reported that being rejected or accepted by the parents has similar effects on individuals' personality development and psychopathology, regardless of culture (11). The theory defines the child's perceived parental acceptance as physically showing and verbally expressing their love and interest to the child. The child's perceived parental rejection is defined also as the parent's lack of love and interest toward the child or the fact that these behaviors and attitudes are below the child's expectations (12).

In our study, to investigate the impact of parental conflict and divorce on children, a psychiatric diagnosis of the cases admitted to our clinic was performed using objective diagnostic instruments, and parents and children were assessed with regard to certain risk-protective factors described in the literature. In this study, the participants were compared with the relationship between children and their non-living parents, relationships between parents, conflicts between parents, and socioeconomic status.

MATERIALS AND METHODS

Participants

The families and the patients admitted to child psychiatry outpatient clinic between March 2015 and March 2016 were included in the study. The study included 86 children/adolescents aged 8 to 18 years who were not diagnosed with pervasive developmental disorder, whose intelligence level was above 70 according to the WISC-R test, and whose parents were divorced and accepted to participate to the study. The parents were also included, and the study was conducted with 172 people. The child and adolescent participants were divided into two groups, with age 12 years as the cutoff point.

Study Design

Our study is a cross-sectional study. Participants were divided into two groups, high-conflict, and low-conflict, according to the level of conflict experienced by the parents. These two groups were compared in terms of existing psychopathologies, age, gender, socioeconomic status, parental education level, adjustment to divorce, and parental acceptance-rejection perception. The sociodemographic data form and the Schedule for Schizophrenia for School-Age Children Now and Lifetime Version (K-SADS-PL) were applied to the individuals included in the study. The child completed the Parental Acceptance-Rejection/

Control Questionnaire (PARQ) and the Mother and Father form, and the Strengths and Difficulties Questionnaire (SDQ) was completed by the parents. The sociodemographic data form created by the researchers was used to determine participants' sociodemographic characteristics, data on divorce, frequency and quality of meetings between parent and child, and the child's perception of the divorce process. A semi-structured interview form developed according to DSM-IV diagnostic criteria was used to determine the psychopathology of children and adolescents. The Children's Global Assessment Scale was used to determine the child's current dysfunction. PARQ, developed by Rohner (1985), was used to measure the individual's perception of parental acceptance or rejection (13–15).

Clusters and Their Identification

Six variables in the Adult Information Form selected by the researcher to determine the conflict state of families were clustered using the two-step algorithm.

Ethics

Ethical approval of the study was obtained from the Ethics Committee of the health institution where the study was conducted. Parents participating in the study were informed and signed a voluntary informed consent form.

Statistical Analysis

The SPSS 20.0 program was used for statistical analysis. Descriptive data were expressed as mean and standard deviation (SD). A two-step Cluster was used to identify the groups. Chi-square/Fisher Exact test was used to compare categorical data, and multivariate analysis of variance (MANOVA) was used to compare continuous data. Significance values were accepted as $p<0.05$ and $p<0.001$.

Cluster analysis means calculating the values of the units observed in the study on all measured variables and classifying similar units within the same cluster. The analysis focuses on the clusters and groups that will emerge, and the resulting clusters are expected to be homogeneous within themselves and heterogeneous among themselves.

RESULTS

The mean age of children and adolescents participating in the study was 12.63 ± 3.01. The number of cases in the age group 8-12 years classified as children is 43 (16 girls, 27 boys), and the number of cases in the age group 13-18 years classified as adolescents is 43 (22 girls, 21 boys). 75 (87.2%) of the parents participating

in the study were female, and 11 (12.8%) were male, with an mean age of 38.3 ± 6.65.

Demographic data on divorce is given in Table 1. Accordingly, incompatibility is the most common reason for divorce (45.3%). While 61 (71%) of the children participating in the study continue to contact with their non-custodial parents, 25 (29%) do not see each other. 36 (41.9%) of the divorced couples have never met. When questioned about the existence and frequency of violence between couples, 40 participants (46.5%) answered: "no, never."

The analysis concluded that there are two separate clusters, and the clusters are well differentiated from each other. The "silhouette coefficient" value shown in Figure 1 is close to 1, proving that the clusters are well-differentiated (17).

The essential variable that distinguishes the two clusters is the frequency of contact between the child and the parents. Variables that contribute to the different characteristics of the clusters from more or less, respectively, are listed below:

- A request of the other parent to meet with the child,

- Whether the child stays overnight at the other parents' house,

- Frequency of meetings between parents,

- Support of the non-custodial parent,

- Establishment of discipline by the non-custodial parent,

- Arguments between parents.

High-conflict divorced families are cluster no. 1, which consists of 34 people. Low-conflict divorced families are cluster no. 2, which consists of 52 people.

The Child's Adjustment to The Divorce

The adjustment of child and adolescent participants to the divorce was compared according to demographic characteristics. There was a significant difference between groups regarding variables of age and the positive effect of divorce on the child's life.

Psychiatric Diagnosis Results

A semi-structured K-SADS-PL diagnostic interview was conducted with 86 patients who applied to the clinic and their parents. After the interview, current diagnoses were determined. Three of the cases did not receive any psychiatric diagnosis. According to the current psychiatric diagnoses, attention-deficit/hyperactivity disorder (74.4%) is the most common diagnosis. (Table 3).

Table 1. Demographic Variables of Divorce

| Reason for Divorce	Frequency	%
Alcohol	7	8.1
Violence	15	17.4
Infidelity	21	24.4
Incompatibility Between Families	2	2.3
Intimacy	2	2.3
Incompatibility Between Spouses	39	45.3
Child-Parent Meeting Situation		
Meeting Frequency		
Never	25	29.1
Seldom	9	10.5
Often	52	60.5
Does the Parent Request Meetings?		
Yes	50	58.1
No	36	41ç9
Does the Child Stay Overnight?		
Yes	47	54.7
no	39	45.3
Does the Non-Custodial Parent Establish Disciplinary Rules?		
Never	55	64
Sometimes	22	25.6
Always	9	10.4
Violence Between Parents		
Always	1	1.2
Before Divorce, Not Anymore	45	52.3
Never	40	46.5
Arguments Between Parents		
Always	12	14
Before Divorce, Not Anymore	41	47.7
Never	33	38.4
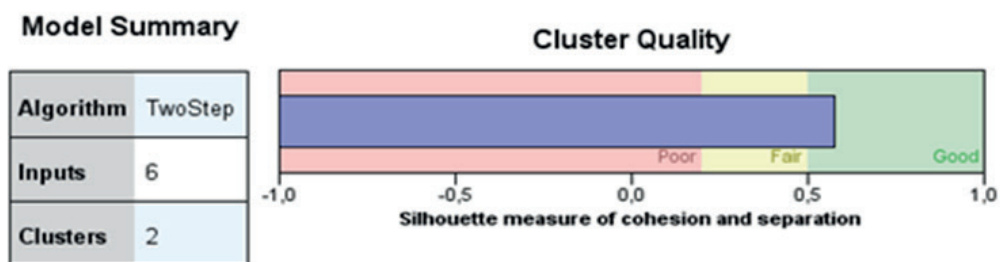
Figure 1. Analysis and differentiation of the clusters

Table 2. The Child's Adjustment to The Divorce

Demographic Characteristics	No		Yes		Total		p
	n	%	n	%	n	%	
Child (8-12) *	19	22.4	23	27.1	42	49,5	
Adolescent (13-18)	8	9.4	35	41.1	43	50,5	**0.008****
Total	**27**	**31.8**	**58**	**68.2**	**85**	**100**	
The Child's Effort to Get the Parents Back Together							
Child (8-12)	19	22.1	24	27.9	43	50	
Adolescent (13-18)	26	30.2	17	19.8	43	50	0.131
Total	**45**	**52.3**	**41**	**47.7**	**86**	**100**	
The Negative Effect of The Divorce o the Child's Life							
Child (8-12)	18	20.9	25	29.1	43	50	
Adolescent (13-18)	16	18.6	27	31.4	43	50	0.659
Total	**34**	**39.5**	**52**	**60.5**	**86**	**100**	
The Positive Effect of The Divorce o the Child's Life							
Child (8-12)	30	34.9	13	15.1	43	50	
Adolescent (13-18)	19	22.1	24	27.9	43	50	**0.017****
Total	**49**	**57**	**37**	**43**	**86**	**100**	

* One case did not answer the question.; ** $p < 0.05$

Table 3. Current Frequency of the Psychiatric Diagnosis

Current Psychiatric Diagnosis	n (%)
Major Depression	7 (8.1%)
Bipolar Disorder	2 (2.3%)
Panic Disorder	2 (2.3%)
Separation Anxiety Disorder	16 (18.6%)
Social Phobia	8 (9.3%)
Specific Phobia	29 (33.7%)
Generalized Anxiety Disorder	18 (20.9%)
PTSD (Post-Traumatic Stress Disorder)	2 (2.3%)
Obsessive Compulsive Disorder	12 (14%)
Enuresis	7 (8.1%)
ADHD (Attention Deficit Hyperactivity Disorder)	64 (74.4%)
ODD (Oppositional Defiant Disorder)	18 (20.9%)
Smoking	3 (3.5%)
TicDisorder	21 (24.4%)

The relationship between demographic variables and current psychiatric disorders is presented in Table 4. When the demographic variables of the cases and their current psychiatric diagnoses were compared; According to gender, there was a significant relationship between girls and depression (p=0.021), GAD (Generalized Anxiety Disorder), current diagnosis (p<0.01), and smoking (p<0.01); a significant correlation was found between boys and ADHD (p=0.033). A significant correlation was found between the diagnoses of depression (p<0.01) and social phobia (p<0.01) in the adolescent age group (13-18) according to the age distribution at the time of the divorce.

PARQ/Control Parent Form

The characteristics of children in terms of acceptance-rejection perceived in the relationship with their parents were examined by MANOVA. The results are presented in Table-5. It was found that the multivariate main effect was significant according to the PARQ/C scores of the parents. (Pillai's Trace=0.968; p<0.001) and (Pillai's Trace=0.970; p<0.001), respectively.

Strengths and Difficulties Questionnaire (SDQ)

The characteristics of the children in Cluster-1 and Cluster-2 regarding the strengths and difficulties questionnaire values were examined with MANOVA. The results are presented in Table-6. It was found that the multivariate main effect was significant (Pillai's Trace=0.981; p<0.001). It was determined that the children differed significantly in terms of the "ADHD" subscale. It was concluded that the "ADHD" subscale average of the children in Cluster-2 was significantly higher than those in Cluster-1.

DISCUSSION

Many studies on the effects of divorce on the mental health of children and adolescents have found that children in divorced families exhibit behavioral problems for which many factors have been blamed (18). The findings of this study were compared with current literature in terms of the demographic characteristics, the characteristics of divorce, and the relationship between psychiatric disorders and parental conflict and the child's perception of parental acceptance/rejection.

While child well-being and adjustment to divorce were assessed using the age variables, factors such as the child's age at the time of the study and divorce were significant. Many different results have been obtained regarding the relationship between the child's age and the effects of divorce. In our study, it was found that adjustment was worse in the child age group than in the adolescent age group, and that the negative effects of divorce were perceived more strongly. In Amato's study, age could not be accepted as a fixed variable because the results were very different with respect to age. The results also differed because it is not possible to separate the effects of variables such as the child's age at the time of divorce, the child's age at the time of the study, and the time passed since the divorce (16). The study found that depression, panic disorder, and social phobia were more common in adolescents than in the child age group. These results can be explained by the fact that the pathologies present are more frequent in adolescence than the relationship between divorce and age. Furthermore, because of the internalizing problems, it is assumed that selection theory can explain these disorders better. Wallerstein and Kelly's study compared pre-school, school-age, and adolescent age groups in terms of well-being in the first year after divorce (17). It was stated that children from all age groups could be affected by divorce, but their reactions will be different. Most impairment in the early post-divorce period was found in preschool children. Ten years later, however, these children were found to have adjusted best. Amato's meta-analysis study found that primary and high school-aged children showed the worst adjustment in terms of academic performance, psychological and social adjustment, and relationships with their parents (8).

Our findings showed that at the time of the study, the perception of the adverse effects of divorce in the child age group was higher, and the adjustment was worse than in the adolescent age group consistent with the literature. In the pre-school and primary school periods, children have difficulties making sense of divorce cognitively. Self-blame due to the separation of the parents and efforts to reunite their parents can be counted among the factors that disrupt the adjustment in this period.

When comparing psychiatric diagnoses of cases by gender, it was found that depression and smoking were diagnosed more frequently in girls than in boys, and ADHD was diagnosed more frequently in boys than in girls. Similar studies in the literature did not find a significant difference on the same topic (18).). According to some studies, social adjustment after divorce is worse in boys than in girls, and boys have more externalizing problems. Internalizing problems were found more often in girls (19). In the studies conducted by Amato and Memiş, no difference was found in terms of gender (8, 18). Although our study found that internalization disorders such as depression and GAD were higher in females than males, which is similar to the literature, these results can also be explained by the fact that our study is a cross-sectional study.

Table 4. Relationship Between Demographic Variables and Current Psychiatric Disorders

	ADHD	ODD	OCD	TicDis.	Specific Phobia	Sep. Anxiety	GAD	Social Phobia	Panic Dis.	Depression	Bipolar Dis.	Enuresis	PTSD	Smoking
State of Conflict During Divorce														
High Conflict n=34	22	9	4	6	14	6	9	3	0	3	0	2	2	1
Low Conflict n= 52	42	9	8	15	15	10	9	5	2	4	2	5	0	2
p	0.350	0.200	0.760	0.340	0.130	0.970	0.200	0.370	0.270	0.740	0.270	0.620	0.060	0.880
Gender														
Girl n= 38	24	5	8	6	12	10	13	5	1	6	2	3	2	3
Boy n= 48	4	13	4	15	17	6	5	3	1	1	0	4	0	0
p	**0.033**	0.110	0.090	0.090	0.700	0.100	**<0.01**	0.270	0.860	**0.021**	0.100	0.940	0.100	**0.048**
Child's Age During Divorce														
Child (0-12) n=75	56	15	10	18	27	14	15	4	2	2	2	6	2	2
Adolescent (13-18) n=11	8	3	2	3	2	2	3	4	0	5	0	1	0	1
p	0.890	0.580	0.660	0.810	0.240	0.960	0.580	**<0.01**	0.580	**<0.01**	0.580	0.900	0.580	0.270
Time Passed Since the Divorce														
Early Stage (0-2) n=22	15	2	3	5	6	4	3	3	0	4	1	2	0	1
Late Stage (3+)n=64	49	16	9	16	23	12	15	5	2	2	1	5	2	2
p	0.430	0.110	0.800	0.460	0.450	0.950	0.330	0.410	0.400	**0.046**	0.420	0.850	0.400	0.750
Child-Parent Meeting Situation														
Doesn't See the Parent n=26	17	5	4	5	12	4	6	2	0	3	0	2	2	1
Sees the Parent n=60	47	13	8	16	17	12	12	6	2	4	2	5	0	2
p	0.200	0.790	0.800	0.460	0.100	0.610	0.740	0.730	0.340	0.440	0.340	0.850	**0.030**	0.900
Father Acceptance-Rejection Perception														
Perceives Acceptance from Father n=45	36	9	7	12	16	8	8	3	2	1	0	10	0	0
Perceives Rejection from Father n=41	28	9	5	9	13	8	10	5	0	6	2	3	2	3
p	0.240	0.820	0.650	0.610	0.700	0.830	0.450	0.370	0.170	**0.036**	0.130	**0.054**	0.130	0.065

Table 5. Average and Standard Deviation of Parents'PARQ/C Subscale and Total Scores and Related MANOVA Results of the Clusters

Clusters	Mother Acceptance-Rejection Perception		Cold Distant		Hostile Aggressive		Neglect		Undifferentiated Rejection		Control	
	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD
1 n=34	40.680	17.372	14.260	7755	9.470	4.405	10.177	4.352	6.824	3.672	14.441	3.727
2 n=52	35.630	11.859	11.500	4.208	9.250	4.139	9.385	3.861	5.500	2.210	14.096	3.356
F	2.56		4.57*		0.055		0.782		4.359*		0.199	

Clusters	Father Acceptance-Rejection Perception		Cold Distant		Hostile Aggressive		Neglect		Undifferentiated Rejection		Control	
	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD
1 n=26	56.885	19.751	22.846	9.010	9192	5.091	16.000	5.564	8.231	3.278	9.923	3.939
2 n=44	39.273	14.816	13.500	6.106	9.091	3.741	11.000	4.666	5.682	3.094	12.705	3.795
F	17.96*		26.72*		0.009		16.24*		10.61*		8.53*	

Table 6. Average and Standard Deviation of SDQ Subscale and Total Scores and Related MANOVA Results of the Clusters

Clusters	EffectSize		Total Difficulties Score		Emotional Problems		Behavioral Problems		ADHD		Peer Problems		Social Behavior	
	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD	Ave.	SD
	1.56	1.805	15.63	4.724	4.26	2.33	2.56	2.006	5.33	2.418	3.48	1.695	7.37	2.404
	2.41	3.122	16.71	6.282	3.86	2.55	2.92	2.1	6.59	2.589	3.35	1.678	7.86	1.936
F	1.69		0.613		0.46		0.536		4.306*		0.111		0.924	

*p<0.05

In our study, the average time since the divorce was 5.67 (SD:3.75) years. Sandler et al. found that two years after divorce are critical. He found that the most common problems in children after divorce are irritability, impulsivity, and deterioration of problem-solving skills (20). In another study, it was found that the adverse effects that occur immediately after divorce tend to decrease after 6 to 12 months. It was found that the most common symptoms are introversion and depression (21).

On the other hand, Amato noted that longitudinal studies show that the child's functionality improves over time, whereas cross-sectional studies do not confirm this (8). Our findings support the "chronic stress theory" rather than the "crisis theory." Parental absence is one of the major factors influencing child well-being. The frequency and quality of the relationship between the parent and the child who left the home decreases after the divorce. Therefore, the higher incidence of PTSD diagnosis in children who have never seen their parents in the study can be explained by the "parental absence perspective."

No difference was found between the groups with high conflict and low conflict in terms of the incidence of psychiatric diagnoses in our study. In a study conducted on the children of divorced parents with high conflict, the frequency of post-traumatic stress disorder due to divorce was high, and it was predicted that divorce could be considered a traumatic event according to the DSM-IV-TR Trauma A1 criterion (22). It is known that the perception of rejection experienced by individuals raised by rejecting parents causes psychological disorders such as irritability, hopelessness, and depression (23). In our study, a semi-structured diagnostic interview K-SADS-PL was used. According to the parents' SDQ results, in parallel with the psychiatric diagnosis results, no significant difference was found between the groups with high conflict and low conflict, except for ADHD diagnosis.

The meta-analysis conducted by Khaleque and Rohner examined the similarity of the relationship between PAR theory and personality development across cultures and races (15). It was observed that children who perceive rejection in their relationship with their mother or father, who are attachment figures, tend to be anxious and insecure. It was found that when they experience rejection, they feel anger and tend not to show their feelings to avoid experiencing rejection again. Their self-confidence has been also found to be low and they tend to be reactive independent. In our study, it has been shown that children feel themselves rejected when they experience conflict between parents The situation does not change even if when they are not confronted

with behaviors they openly reject. The fact that 75 of the participants in the study were mothers caused the perception of total rejection to be low. However, in families with conflict, children describe their mother with whom they lived as cold and distant.

When the questionnaire controlling for acceptance and rejection of the father in the high-conflict group was analyzed, it was found that children of conflict families perceive "rejection" in their relationships with their fathers. These have higher "undifferentiated rejection" scores. They describe their father as "cold and distant." They also feel that they have been "neglected" by their fathers. When the "control" dimension of parenting was evaluated, it was seen that they defined their fathers as "over-permissive." In their review, Rohner et al. stated that children who perceive rejection by their parents have poor psychological adjustment. This situation experienced by children who give similar reactions in cross-cultural comparison has been defined as "parental acceptance-rejection syndrome" (24). The components of the syndrome that Rohner mentioned in his study may be the precursors of psychiatric disorders that may develop in the child. In our study, the perception of father rejection was high in the high-conflict group. This highlights the importance of the frequency and quality of parent-child contact, the quality of communication between parents after divorce, and the active involvement of the non-custodial parent in the child's life for the child's well-being. The findings we obtained support both the "PAR Theory," "Conflicted Family Perspective Theory," and "Good Divorce Theory" (24, 25)

The cases who felt rejected by their fathers and the cases who felt accepted by their fathers were compared in terms of the frequency of psychiatric diagnoses. The current diagnosis of depression was more common in children who perceived rejection in their relationships with their fathers. In longitudinal studies, it has been reported that perceived parental rejection in childhood may accelerate the emergence of depressive symptoms in adolescence or adulthood (22). The higher prevalence of depression and GAD diagnoses in children who perceived rejection in our study supports the literature.

Limitations

The most significant limitation of our study is that the cases were selected only from individuals who applied to child psychiatry. No random selection was made from the general population. A comparison with married families is needed to assess the impact of parental conflict on the child independent of the impact of the family breakdown factor.

CONCLUSION

In our study, the conflict between the parents was associated with the child's perception of father rejection. Internalizing disorders such as depression and anxiety were more common in children who perceived father rejection. The risk factors that have the most impact on the child's well-being following conflict between parents were the absence of the non-custodial parent in the child's life, the time passed since the divorce, and the child's age at the time of the divorce. The protective factors that affect the child's well-being are the quality of communication between parents, access to treatment opportunities, and good social support.

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