

# Chapter 15

## The Use of Trauma–Focused Cognitive Behavioral Therapy With Children of High–Conflict Divorce

**Kim Kelly**

 <https://orcid.org/0000-0003-4607-4323>

*University of Missouri, St. Louis, USA*

**Emily C. Brown**

 <https://orcid.org/0000-0002-2376-0497>

*University of Missouri, St. Louis, USA*

### **ABSTRACT**

*Children may experience high-conflict divorces as a traumatic event. High-conflict divorces, which can be characterized by two or more years of hostility, difficulty communicating, and litigation, can contribute to emotional and physiological dysregulation as well as an increase in maladaptive cognitions and behaviors. Additionally, high-conflict divorce can lead to ruptured relational attachments and disconnection between parent and child. This chapter informs readers how the use of trauma-focused cognitive behavioral therapy, which includes sessions for parent and child, can mitigate the dysregulation and disconnection resulting from the trauma of high-conflict divorce. A case illustration is included to detail the therapeutic application. Implications are offered for mental health providers and researchers to expand the use of trauma-focused cognitive behavioral therapy with children experiencing high-conflict divorce.*

DOI: 10.4018/978-1-6684-9983-2.ch015

## **INTRODUCTION**

The impact of divorce on children received significant attention from scholars in the later part of the 20th century given the dramatic rise in divorce rates after the introduction of the no-fault divorce bill in 1969 (e.g., Wilcox, 2009). In the past two decades, divorce has had limited attention in the mental health scholarship; however, recent research on trauma and its impact on psycho-social and neurobiological development leads us to reexamine mental health intervention for children of high-conflict divorce with an awareness of trauma-informed practices. Trauma by definition is a result of an event or set of circumstances experienced as physically or emotionally harmful and with lasting adverse effects on functioning or well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Childhood experiences of physical, sexual, or emotional abuse; physical or emotional neglect; or household dysfunction (parental divorce or separation, mental illness, domestic violence, substance abuse, death, or incarceration) are considered adverse childhood experiences (ACEs), which have the potential to cause trauma (Felitti et al., 1998). Childhood trauma from multiple and cumulative ACEs has been linked to more problems for children's well-being and brain development and greater health risks for adults (e.g., substance abuse, depression, obesity, heart disease) (Anda et al., 2006; Felitti et al., 1998). Parental divorce or separation is the second most common ACE for children (Sacks & Murphy, 2018).

High-conflict divorce by definition is a divorce that lasts longer than two years and is characterized by a high degree of anger, hostility, and distrust, ongoing difficulty in communicating about the care of the children, intensive custody litigation, and higher-than-usual rates of nonpayment of child support (Haddad et al., 2016). Domestic violence may be present in high-conflict divorces (Fotheringham et al., 2013), and there are likely to be higher rates of child abuse and neglect allegations within custody disputes of high-conflict divorces (O'Donohue et al., 2018). Children of high-conflict divorce may experience post-traumatic stress or trauma (Deutsch et al., 2020; Lange et al., 2022). In fact, children in high-conflict divorces with more traumatic impact have lower post-divorce adjustment rates (van der Wal et al., 2019).

According to the Centers for Disease Control and Prevention (CDC), in 2019 the divorce rate was 2.7 per 1,000 population in the United States of America. That equates to about 747,000 divorces in 2019 alone. Approximately 10 to 20 percent of all divorces in the United States are classified as high-conflict divorces (Haddad et al., 2016). One major impact of high-conflict divorces is the change in the familial structure. While in 1968 about 60 million (85%) children in the United States under 18 lived with two parents, by 2020 this number changed to 51.3 million (70%) (Hemez & Washington, 2021). In fact, fewer than two-fifths of Black children living in the United States were living with two married parents in 2020, with nearly half of these children living with their mother only (Hemez & Washington, 2021). Further, Hispanic children were half as likely to live with their mothers only, with almost a fourth living with their mothers only (Hemez & Washington, 2021). While the research on high-conflict divorces in other countries is limited, there are statistics that show that divorce is prevalent all over the world. For example, reported divorce rates in 2021 were 3.7% in Belarus, 2.3% in Sweden, 1.2% in New Zealand, 2.9% in Georgia, and 2.7% in the Dominican Republic (United Nations [UN], 2022). The average worldwide crude divorce rate in 2021 was 1.8 (UN, 2022). Divorce rates vary around the world, and changes in divorce rates have been linked with variances in marriage rates and religious and cultural values. While these statistics point to the global prevalence of divorce in developed and developing countries, behind the numbers are changes in family structures for many children whose parents separate or divorce.

14 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:  
[www.igi-global.com/chapter/the-use-of-trauma-focused-cognitive-behavioral-therapy-with-children-of-high-conflict-divorce/334072](http://www.igi-global.com/chapter/the-use-of-trauma-focused-cognitive-behavioral-therapy-with-children-of-high-conflict-divorce/334072)

## Related Content

---

### Personal Reflection: A Postscript

(2019). *The Mental Health Effects of Informal Caregiving: Emerging Research and Opportunities* (pp. 85-94).

[www.irma-international.org/chapter/personal-reflection/216535](http://www.irma-international.org/chapter/personal-reflection/216535)

### Campus-Wide Initiatives

Maureen E. Squires, Melissa Martin, Jean Mockry, Alison Puliatteand Denise A. Simard (2018). *Raising Mental Health Awareness in Higher Education: Emerging Research and Opportunities* (pp. 77-104).

[www.irma-international.org/chapter/campus-wide-initiatives/192401](http://www.irma-international.org/chapter/campus-wide-initiatives/192401)

### Natural Environments, Ecosystems, Conflict, and Wellbeing: Access to Water

Fatih Bodzemirand Jennifer M. Martin (2019). *Mental Health Policy, Practice, and Service Accessibility in Contemporary Society* (pp. 244-267).

[www.irma-international.org/chapter/natural-environments-ecosystems-conflict-and-wellbeing/213568](http://www.irma-international.org/chapter/natural-environments-ecosystems-conflict-and-wellbeing/213568)

### Spaces of Healing and Empowerment: Creating Safe, Trauma-Free Schools for All Youth

Joe Lewisand Letitia Basford (2023). *Practical Strategies to Reduce Childhood Trauma and Mitigate Exposure to the School-to-Prison Pipeline* (pp. 1-19).

[www.irma-international.org/chapter/spaces-of-healing-and-empowerment/316717](http://www.irma-international.org/chapter/spaces-of-healing-and-empowerment/316717)

### Flourishing on Campus: Promoting Mental Health and Coping Skills in Higher Education Institutions

S. C. Vetriveland T. Mohanasundaram (2024). *Mental Health Crisis in Higher Education* (pp. 294-311).

[www.irma-international.org/chapter/flourishing-on-campus/335993](http://www.irma-international.org/chapter/flourishing-on-campus/335993)