



A Review on Parental Divorce Effect on Adjustment Levels, Emotional Regulation and Depression in Children

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Abstract

Divorce is among the most hated social phenomena and a very traumatic event especially for children. Divorce upsets the balance of people and leaves negative effects in the society and leads to a decrease in social cohesion and integration. The present study was conducted with the aim of reviewing the effect of parental divorce on the adjustment levels, emotional regulation and depression in children. The main results revealed that, Divorce does have a significant effect on emotional adjustment. Parental conflict (from both the children and parents' perspective), perceived gap in conflict intensity between marriage and divorce (from the parents' perspective) and high self-blame were negatively associated with the children's evaluations of their quality of life, whereas active coping was positively associated with it. The psycho-education programme developed based on structured play therapy was effective in increasing divorce adjustment levels of 9-12 year olds children whose parents divorced and reduced their depression levels. Counseling with cognitive-behavioral approach has a positive effect on children of divorce reducing depression. ($P < 0.01$).

Keywords: Parental divorce, adjustment levels, emotional regulation, depression, children.

1- Introduction

One of the most important decisions that every human being makes is choosing a partner. Marriage is known socially as a stable bond between a man and a woman, which in addition to meeting their sexual and emotional needs, also regulates their economic needs and social and cultural relations [1]. By choosing a partner and concluding a marriage contract, the family is formed to develop a sense of security, belonging, and self-respect, and to induce personal and social development [2]. The family as one of the most important social institutions has always had a special place and weight in all societies throughout history [3]. Divorce is the termination of marriage under certain legal, religious, and customary requirements, after which the couple has no rights or obligations towards each other [4]. Divorce occurs when a couple decides not to live with each other anymore and also no longer intends to remarry or live together [5]. Divorce used to be the last resort of a life together and until it reached that end all the ways to continue married life were tested, but now divorce is considered as normal as marriage and in most societies, it is an accepted and institutionalized way to end a marriage, and marriage no longer means spending a lifetime with one person [6]. However, in some cases, divorce must be accepted as a necessity. Sometimes marital life becomes so disorganized that the continuation of cohabitation

becomes unbearable and children who grow up in such a toxic environment will suffer from complications and mental disorders [7].

Divorce reduces social participation; divorced people usually reduce contact with family and former friends. In addition, divorce often causes a person to move to another house and place. These events cause the social network close to the person to be limited. Divorce is stressful and may have severe negative effects on a person's well-being, and a person experiences financial and economic stress due to it [8]. Divorce provides more space for people to engage in unhealthy behaviors, also causes a person to lose emotional and social support, and the same lack of support and social source after divorce causes a decrease in a person's well-being [9].

Divorce is a very traumatic event especially for children and can cause serious emotional distress in children. Children often react to the event of divorce with feelings such as anger, fear, depression and guilt. This situation reveals the need for divorce intervention programmes for children. Having a stable and reliable relationship with parents is very important during the development of children because children depend on their parents. In ideal conditions, children should grow up in a predictable and relatively unchanging environment, but being in the divorce process of parents can be harmful for children. This dramatic change not only affects his family life, but can also leave adverse effects on their relationships with their parents [10].

In recent decades, together with high divorce rates, considerable information has been gathered on the negative implications of divorce for the well-being of children, and on the main factors affecting. Most of the studies on the difficulties and psychopathologies experienced by children of divorced parents assumed that well-being was achieved given the lack of negative life aspects, as opposed to the quality-of-life approach that became increasingly dominant since the 1990s, according to which well-being is manifested mostly in the presence of positive life aspects [11]. There is no doubt that the children are the ones that are mostly influenced by the divorce causing changes in the family system and crisis. A shocking event like divorce leads to different emotional reactions in children such as fear, sadness, anger, guilt, loneliness, rejection, regression, sleeping problems, school problems, physical problems, eating problems and desire to reconcile their parents. Along with the divorce process, children are particularly exposed to stressful life changes and these changes can seriously affect children's development [12].

There's evidence linking childhood adverse childhood experience exposure to poor mental health during adulthood, yet limited research on outcomes among youth. The current study provides nationally representative estimates of anxiety and depression for ages 8 to 17 and evaluates their association with adverse childhood experience exposures [13]. Depression is one of the most important psychological disorders in kids and teenagers which increase in frequency by growing older. In recent years, not only depression in kids and teenagers has been proved, but also it is suggested that childhood depression may cause serious problems for the person's public health that might produce tragic outcomes such as absence at school and educational degradation. Children have very different negative reactions against separation and divorce of parents. But in fact, the most critical reaction of children to this phenomenon would be depression which a child will experience during or after a parent's separation [14].

Based on subjective self-reports, self-blame was one of the most significant risk factors for lower well-being in children who are coping with parental divorce. On the other hand, children may also display protective factors, such as resiliency, contributing to better-reported well-being and less risk for depression. Clearly, there will be differences in a child's response to divorce and separation depending on their own personal tendencies and coping ability. However, other external factors still affect a child's perceived well-being. A negative correlation was found between children's overall reported quality of life and parental conflict, meaning that children who witnessed high levels of parental conflict in

their parents' divorce had an overall poorer sense of well-being [15]. This suggests that children of divorced or separated parents will fare worse if the breakup is high conflict, as compared to low conflict. Galbraith & Kingsbury (2022) also found that children who experience parental separation or divorce are nearly twice as likely to experience mental health problems such as anxiety and depression. Other research shows that children who experience parental divorce at younger ages face more negative outcomes – such as lower reported well-being – because they have had to cope with the change for more time [16]. Concerning age, adults who experienced parental divorce at a younger age had higher rates of depression and pharmacological treatment for mental health conditions, suggesting that the effects of divorce on children may translate throughout their lifespan [17]. Increasing the adjustment of children by resolving the problem of divorce which has highly negative effects on children is particularly important for divorced families [12].

Elmore, A. L., & Crouch, E. (2020) investigated that, ADVERSE CHILDHOOD EXPERIENCES (ACEs) include early adversities of abuse, neglect, and experiences of trauma among people under the age of 18, and their results revealed that, nearly half of all children in the United States have experienced at least 1 ACE. Exposure to ACEs have been consistently associated with poor mental health outcomes in adulthood such as substance abuse, depression, anxiety, and suicidal attempts. The enduring mental health implications of ACE exposures can be attributed to permanent changes in brain structure and development due to prolonged activation of the stress response [13].

Sorek, Y. (2019), investigated how children of divorced parents evaluate their quality of life from their own, subjective perspective. The research relies on the quality-of-life approach and focuses on positive aspects of life, such as a child's happiness and satisfaction from life [18]. The study relies also on the extensive literature on the well-being of children of divorced parents to examine risk and resilience factors affecting their quality of life, and their results revealed that the risk factors discussed in this paper are the parental conflict and children's self-blame, and the resilience factor is active coping with the parental conflict [11].

Martinez (2023), investigated that Time from divorce, birth order, and gender are separate factors that also affect emotion processing in children post-divorce; children who experience parental divorce during their formative years, one month –8 years of age, are more likely to see long lasting effects on their emotional development [19/20].

Öztürk Serter, G., & Balcı Çelik, S. (2023), investigated that there are numerous losses after the divorce, Wallerstein (1983) argues that the most crucial one of these losses is the partial or complete loss of a parent and family, and the results revealed that after the divorce, children may lose their association with the parents under same roof, daily habits, familial traditions, their homes, schools and neighborhoods. Sometimes even this loss can include lifestyle loss, which includes many fun and exciting activities for them [12].

Karami et al (2012), investigated that, one of the therapeutic approaches of depression is cognitive behavioral method. Although cognitive-behavioral approaches in adults have been at the center of attention for years and there have been carried out extensive researches on it, just a few studies have focused on measuring the efficiency of cognitive-behavioral interventions in kids Based on the above fact [14].

The experience of parental divorce has been recognized as a significant life event that can have profound effects on the psychological well-being and adjustment of children. Over the years, numerous studies have examined the impact of parental divorce on various aspects of children's lives, including their adjustment levels, emotional regulation, and the prevalence of depression. This review article aims to synthesize the existing literature on this topic by examining the association between parental divorce and its effects on children's adjustment levels, emotional regulation, and the risk of developing depression. Understanding these parameters is crucial for developing effective interventions and support systems that can

help mitigate the negative consequences associated with parental divorce and promote healthy adjustment and emotional well-being in children.

2- Methodology

In current paper first of all try to review each the main and foremost method of each papers carefully, for this reason the method that used by each scholars are as follows:

The first research belongs to Elmore, A. L., & Crouch, E. (2020) considered that, there's evidence linking childhood adverse childhood experience exposure to poor mental health during adulthood, yet limited research on outcomes among youth. This research provides nationally representative estimates of anxiety and depression for ages 8 to 17 and evaluates their association with adverse childhood experience exposures.

The study sample was drawn from the 2016-2017 National Survey of Children's Health (NSCH) which is a mail and online survey conducted by the Data Resource Center for Child and Adolescent Health to assess children's health and wellbeing. To be included in the survey, caregivers must reside in a household with at least one child between the ages of 0 and 17 at the time of the interview. If the caregiver had more than one child, a single child was chosen at random by the NSCH to be the subject of the interview. A total of 71,811 surveys were completed for 2016 and 2017 with approximately 1400 surveys per state. Complex survey weights permit analytic results to be nationally representative. Both years were combined by the NSCH Data Resource Center for the final dataset. The survey response rate was 40.7% for 2016 and 37.4% for 2017.

To examine the association between ACE exposures and anxiety and depression, multiple ACE measures were included for analysis. The 9 ACE exposures measured by the NSCH are outlined in Table 1.

Table 1- ACE Survey Questions Included in the 2016-2017 National Survey of Children's Health

NSCH Survey Questions	Adverse Childhood Experience Measures	
<i>To the best of your knowledge, has this child experienced any of the following?</i>	<i>Nine ACEs included in ACE score Four ACE Categories</i>	
1. Parent or guardian divorced or separated? separation/divorce	Parental separation/divorce	Parental
2. Parent or guardian died	Parental death	
3. Parent or guardian served time in jail?	Parent or guardian incarceration	Household dysfunction
4. Lived with anyone who was mentally ill, suicidal, or severely depressed?	Household mental illness	
5. Lived with anyone who had a problem with alcohol or drugs?	Household substance use	
6. Saw or heard parents or adults slap, hit, kick, punch oneanother in the home?	Witnessed household violence	Exposed to violence
7. Was a victim of violence or witnessed violence in the neighborhood?	Witnessed neighborhood violence or victim of neighborhood violence	
8. Treated or judged unfairly because of his or her race or ethnic group?	Racial/ethnic mistreatment	
9. Hard to get by on family's income- hard to cover basics like food or housing?	Economic hardship	Economic Hardship

They grouped low prevalence ACE events into categories.²⁸ Witnessing household violence and being a victim of neighborhood violence or witnessing neighborhood violence were combined into exposure to violence. Also, household mental illness, parental or guardian incarceration, and household substance abuse were combined into household dysfunction.

For assessment of health conditions among children of survey caregivers, the NSCH inquires about 26 health conditions including anxiety and depression through a survey question, "Has a doctor ever told you this child has...". If the caregiver answered yes, a secondary question "If yes, does this child CURRENTLY have this condition?" is answered. Demographic information collected from the caregiver included child age, sex, and race/ethnicity; caregiver's relation to child, education level, insurance type; and family poverty/income level. All demographics were assessed for outcome prevalence estimates

and as possible confounders. Demographic variables are potential confounders of both ACE exposures and mental health outcomes among children.¹⁰ A child's age is an important predictor of the exposures and outcomes as ACEs accumulate with age and anxiety and depression are more common for older children.¹⁰ For child sex, boys have been found to have higher odds of witnessing neighborhood violence compared to girls and studies have found higher rates of emotional, mental, or behavioral conditions among boys.

Insurance type is an important confounder as it would impact a child's diagnosis of anxiety or depression and reporting by the caregiver. Additionally, a variable identifying children with a special health care needs was included as a possible confounder of anxiety and depression. Analyses were conducted for 2 outcome variables, current anxiety and current depression, to assess childhood mental health. The independent exposure variables included ACE count, parental divorce/separation, economic hardship, exposure to violence, and household dysfunction. Sample characteristics and ACE exposure variables were presented for the total study population and stratified by current anxiety and depression. Both analyses were performed using PROC SURVEY FREQ and chi square analysis. Next, bivariate and multivariate logistic regression models were conducted through PROC SURVEY LOGISTIC predicting current anxiety and current depression. Lastly, a sensitivity analysis was conducted to assess the ACE count threshold of 4 by predicting current anxiety and current depression using logistic regression models with increasing bivariate ACE count exposures [13].

The second research is Sorek, Y. (2019) that a cross-sectional survey at one point in time using self-completion internet questionnaires for a child and one parent experiment and they analysis some variable parameters during the recruitment process, a concerted effort was made to reach families through public, private and third sector services that work with families going through divorce. A call for participants was issued via a poster distributed in different ways, although most participants were recruited via social media. The call addressed mothers and fathers, heterosexual and homosexual families alike. The only inclusion criteria were that the parents were divorced, and the children were minors. There was no exclusion criterion.

The information was collected from July 2015 to July 2016. In the course of that year, 318 parents contacted the researcher and expressed their consent to have their children participate in the study. In 219 of the families (69%), the other parent was opposed to participation. Of the children, 45% were boys. Their average age was 12.9 (range=7-17; SD=2.57). Most were Israeli-born and secular, and they generally reported that they were not worried by their families' financial situation (31%) or only occasionally so (48%). No age differences were found by the children's gender. The mothers' average age was 43 (range=34-54; SD=4.3). They had been divorced for an average of 6.5 years (max=16; SD=3.5). Most were Israeli-born, college-educated and secular. Some 65% reported that they were divorced and 28% that they were remarried or in a relationship. About 70% lived only with their children and 28% with a partner and their children. Interestingly, most reported below (37%) or far below average income (34%). About half (54%) reported that their financial situation at the time of completing the questionnaire was worse than when they had been married, while some 7% reported improvement (see Table 2).

Table 2- Correlations of Dependent and Independent Variables by Children's Reports (N = 122)

	M (SD)	0.2	0.3	0.4	0.5	0.6	0.7	0.8
1. OLS	8.10 (2.27)	0.57***	0.71***	0.67***	-0.26	-0.24	-0.36	0.42**
2. HLTW	7.44 (2.43)		0.60***	0.63***	-0.23	-0.21	-0.27	0.43**
3. PWI-SC	7.81 (1.48)			0.56***	-0.24	-0.30	-0.35***	0.39**
4. SLSS	3.75 (0.80)				-0.44***	-0.41***	-0.45***	0.45**
5. Child's perception of conflict intensity	2.37 (0.94)					0.40***	0.54***	-0.30
6. Self-blame	1.84 (0.94)						0.49***	-0.28
7. Child's feelings of being caught between parents	2.03 (1.10)							-0.29
8. Active coping	3.17 (1.32)							-

Note: All variables are at the individual child level; *** $p < .001$.

The children's psychological processes. The study examined two aspects of the children's psychological processes that touch on the parental conflict: self-blame and active coping. To examine self-blame, three items were used (e.g. "When my parents argue or fight, I feel guilty"), and to examine the extent of their active coping with the parental conflict, a single item was used ("When my parents fight, I can do something to make myself feel better")³ – all from the CPIC. Here, too, the children were requested to reply using a five-point Likert scale (from 1=really disagree to 5=really agree). The internal consistency of self-blame was found to be $\alpha=0.71$.

Overall Life Satisfaction (OLS). This measure asks children how satisfied they are with their life as a whole, on a scale from 0 ("completely dissatisfied") to 10 ("completely satisfied"). It represents the cognitive component related to the children's self-evaluations of their lives – all their perceptions, evaluations and ambitions, according to the Good Childhood Report, cognitive assessments are stable over time.

Happy Last Two Weeks (HLTW). This measure is also a global one item measure that asks the child how happy he or she was in the last two weeks, with 0 indicating "extremely unhappy" and 10 indicating "extremely happy". The measure introduces two aspects: the timeframe and an affective aspect of happiness. Generally, measures of affect are expected to be less stable than measures of life satisfaction.

Student Life Satisfaction Scale (SLSS). Developed by Huebner (1991), this measure includes seven agree/disagree statements related to general satisfaction with life, rated on a 5-point Likert scale (from 1 = "highly disagree" to 5 = "highly agree"). For example, "My life is going well"; "I wish I had a different life". The measure was found to be reliable in studies conducted by the Children's Society in England. As a multidimensional measure, it is more time-consuming to use but tends to be more specific, statistically, reliable, and stable, and can thus facilitate a more reliable statistical analysis of patterns and differences. In their study, the internal consistency was $\alpha=0.87$.

Personal Well-Being Index – School Children (PWI-SC). Another way to measure the children's subjective perception is based on items of an adapted measure, the PWI-SC. The measure was developed in Australia by Cummins and colleagues, as part of an index of psychological well-being and includes seven items relating to satisfaction with life. The children were asked, "How satisfied are you with the following things in life?", such as "Your freedom and independence" and "The way you look".

Although initially designed for adults, it was tested among adolescents in Romania and Spain, and yielded fine psychometric results. Each item of the PWI-PC is rated on an 11-point Likert scale (from 0=very dissatisfied to 10=very satisfied). In their study the internal consistence was $\alpha=0.89$.

In the third research Martinez (2023) conducted participants were recruited from Indiana University –Purdue University Columbus (IUPUC) and Indiana University Bloomington campus and were asked to take a survey through Qualtrics. This survey consisted of 80

questions experiment and they analysis some variable parameters to measure emotion adjustment, emotional regulation and coping skills.

Participants had to be 18 or older, as development of emotion regulations and emotional adjustment should be more pronounced. Out of 69 participants, 8 were excluded due to incomplete survey answers (N=61). Of the 61 participants, there was 47 females, 12 males and 2 preferred not to answer. 25 were between the ages of 18-24, 13 were between the ages of 25-34, 18 were between the ages of 35-50 and then 5 were 51+. Out of 61 participants 34 had divorced parents and 27 had married parents. 24 were the Oldest Child, 11 were the Middle Child, 18 were the Youngest Child and 8 had no siblings.

Emotional Adjustment was measured using the Emotional Adjustment Bank (EAB). It consists of 28 items using a five-point Likert scale which ranges from 5 (strongly disagree) to 1 (strongly agree) (Aguado et al., 2007). The Cronbach's alpha was $\alpha = 0.89$, with $M = 78.51$ and $SD = 19.49$.

Emotion regulation was measured using the Emotion Regulation Knowledge Scale (ERKS). This test is a dichotomous scale consisting of 19 true or false questions with a third option of neither true nor false acting as a baseline (Brown & Natoli, 2022, p. 90). The Cronbach's alpha for the ERKS is $\alpha = 0.96$, with $M = 54.28$ and $SD = 17.55$.

Coping Skills were measured using the Coping Strategies Scale (CSS). It consists of 30 specific strategies/items, with participants asked to rate how frequently they use the strategies listed using a five-point frequency rating scale (Never = 1, Rarely = 2, Sometimes = 3, Often = 4, Always = 5) (Zhao et al., 2022). The Cronbach's alpha for the CSS is $\alpha = 0.70$, With $M = 53.21$ and $SD = 8.591$.

The fourth study is Öztürk Serter, G., & Balcı Çelik, S. (2023) appraise that, determining the effect of the psycho-education programme developed based on structured play therapy on the levels of adjustment and depression of children with divorced parents, "semi-experimental research pattern based on pre-test, post-test and followup test model with experimental-control group" was used. And they analysis some variable parameters, such as Children's adjustment to divorce and their depression levels are dependent variables of the study; on the other hand, psycho-education programme developed based on structured play therapy constitute its independent variable.

Experimental Group: Participants in this group consist of 5 female and 3 male children whose parents are divorced, who are studying in various primary and secondary schools (public schools) in a district in the Central Anatolian Region.

Control Group: The control group consists of 5 female and 3 male children who are educated in primary schools and secondary schools (public schools) in the same district.

Personal Information Form: The form prepared by the researchers consists of two parts to be applied to both parents and child. In the parental form, questions such as the age, occupation and demographic characteristics of the parents as well as the divorce process are included; in the child information form, the questions aiming to obtain information about the child's age, gender, parental attitude and the divorce procedure of the parents are included.

The Children's Divorce Adjustment Inventory (CDAI): The Turkish adaptation reliability and validity studies of the inventory developed by Portes, Lehman, and Brown (1999) were carried out by Arifolu, Richard, Razi, and Öz (2010). The Children's Divorce Adjustment Inventory (CDAI) consisting of 25 items assesses the stress experienced by child due to the divorce by determining the child's feelings and thoughts about the divorce and also assesses the functioning of the family during and after the divorce within the child's point of view by measuring the adjustment of children to divorce. The lowest score that can be obtained from the five-point Likert type scale is 25, the highest score is 125. It is concluded that the adjustment of child to divorce increases as the obtained score increases. The Cronbach alpha internal consistency coefficient of the original scale is 0.73.

In the research whose validity and reliability studies were conducted with the participation of 146, the internal consistency coefficient and test-retest reliability were calculated to

determine the reliability of the CDAI. The Cronbach alpha internal consistency coefficient was 0.70 in determining the reliability of the CDAI. There was a significant positive correlation between the total scores obtained from the CDAI and the total score of the Children's Self-Esteem Inventory ($r = .25$; $p < 0.05$). There was also a significant positive correlation between the total score of the same scale and the total score of the Children's Social Support Inventory ($r = .37$; $p < 0.01$).

Children's Depression Inventory (CDI): Children's Depression Inventory (CDI) was developed by Kovacs (1981) in order to measure the level of depression in children. The CDI contains twenty seven items, each of which contains three sentences to be evaluated by the last two weeks and one of which would be preferred. In the implementation of the scale, the child marks the most appropriate sentence and the answers given are scored with the points ranging between "one" and "two". If the obtained score is higher it refers to the higher level of depression. The internal consistency coefficient was determined as 0.86 for reliability studies of the original scale; the reliability coefficient was determined as 0.72 after applying the scale at 4-week intervals for the test-retest reliability. In the test-retest reliability study whose validity and reliability studies were conducted by Öy (1991) and in which three-hundred eighty students participated, the reliability coefficient of the scale was found to be 0.80. In the validity study, the correlation between "Children's Depression Inventory" scores and "Children's Behavior Rating Inventory" scores was found to be 0.61.

The psychological tasks related to divorce set forth by Wallerstein (1983) were considered in preparing the topics to be covered in the programme. Psycho-education programme was conducted in around 80–110 min of sessions for nine weeks. The sessions began in April 2017 and were conducted regularly every week. No loss of subjects was experienced during the programme. In the first session, "The Children's Divorce Adjustment Inventory" and "Children's Depression Inventory" were applied as pre-test and also "The Children's Divorce Adjustment Inventory" and "Children's Depression Inventory" were applied to the control group at the same time with the experimental group. The results of Mann–Whitney U test applied in order to test whether the difference between divorce adjustment and depression pre-test scores of the children in the experimental and control group is significant or not, are given in Table 3.

The results in Table 3 show that there is no significant difference between the divorce adjustment and depression pre-test scores of the children in the experimental and control groups. The insignificance of the difference between the groups reveals that at the beginning of the study, the experimental and control groups are equivalent groups in terms of their divorce adjustment and depression scores.

The normality test was performed to determine the statistical procedures to be used in the analysis of the data obtained in the research study and to examine whether the experimental and control groups had normal distribution of data for each of the pre-test, post-test and follow-up measurements. The utilisation of the Shapiro-Wilks test is recommended if the group size is less than 50 in examining the normality of the scores.

table 3- Mann-Whitney U test results on divorce adjustment and depression pre-test scores

Test	Group	<i>n</i>	Ranking Average	Ranking Sum	U	Z	<i>p</i>
D. Adjustment	Experimental	8	8.75	70.00	30.000	-.211	0.833
	Control	8	8.25	66.00			
Depression	Experimental	8	8.88	71.00	29.000	-.317	0.751
	Control	8	8.13	65.00			

$p > 0.05$.

In the analysis of the data, Mann Whitney U Test was applied in order to compare two independent groups (experimental and control groups); the Friedman Two-Way ANOVA test was applied in order to determine whether there was a difference between repeated measurements of the sample; and the Wilcoxon Signed Rank Test was applied in order to

determine if there was any discrepancy between the measurements obtained from the same data source.

Karami et al (2012) conducted the research method was quasi experimental with pretest-posttest design and control group. A sample of 20 children who resident in two residential welfare centers in Tehran was selected by an available sampling method. Using Maria Kavous (1977) children's depression questionnaire (CDI) as a pretest indicates that all participants were depressed. Then the two centers were randomly assigned to experimental and control groups, and they analysis some variable parameters such as the experimental group received training treatment program in 8 sessions.

20 students aged from 10 to 13 from fourth and fifth grades of elementary school who were associated with Tehran welfare center using available sampling methods were selected and assigned randomly into two groups: Test and Control (Table 4).

Table 4 – Demographic features of the participants

Groups	Numbers	Gender	Age (Mean \pm SD)	Grades
Intervention	10	Boy and girl	12 \pm 0.5	Fourth & Fifth
Control	10	Boy and girl	12 \pm 0.5	Fourth & Fifth

The Children's Depression Inventory (CDI) served for the assessment of depression. It consists of 27 items scored on a three-point scale (0 absent; 1 moderate; 2 severe) reflecting growing severity of symptoms. Total scores range from 0 to 54, and Kovacs indicates a 19-point cut-off as the ideal threshold discriminating children at risk of depression from non-depressed children. Completion of the Inventory took about 15 minutes and none of the children reported difficulties with either the format or the wording.

Cronbach's Alpha and reliability Coefficient using Spearman Brown levels has been sequentially evaluated equal to 0.68 and 0.85 in preliminary assessments. Alpha level of this research is measured equal to 71.86.

Data collection tools are applied to the student in the school class hours. In this Analysis for data, analysis of covariance (ANCOVA). In the analysis of the data SPSS 16 pack was used.

3- Result and Discussion

Elmore, A. L., & Crouch, E. (2020) reveals that, for the total study sample, 9% had current anxiety and 4% had current depression and the proportions were similar for boys and girls. Significant differences were found for the following characteristics for both anxiety and depression: age, race/ethnicity, presence of a special health care need, caregiver's relation to child, caregiver mental health, and insurance type. Both anxiety and depression were most common for ages 14 to 17 (11%, 7%, respectively) and among children with a special health care need (27%, 14%, respectively). While anxiety was most common for non-Hispanic white children (11%), non-Hispanic white and non-Hispanic black children were equally likely to have depression (5%). For caregiver mental health, those with fair or poor were most likely to experience anxiety (24%) and depression (12%) but those who did not respond to the survey question were also more likely to experience anxiety (12%) or depression (7%) compared to those who reported excellent, very good, or good mental health. One important socioeconomic factor, family poverty level, was not found to be associated with anxiety but was a significant correlate for depression. Children with a family income of 0 to 99% Federal Poverty Level were most likely to have current depression (6%) while those with family income 400% Federal Poverty Level of above were the least likely (3%). Among the study population, 8% of children experience 4 or more ACEs when assessed cumulatively including all 9 ACE exposures (Table 5).

Table 5- Types and Numbers of ACEs Reported by Caregivers to the 2016-2017 National Survey of Children's Health, Stratified by Current Anxiety and Depression, N = 39,929

ACE Exposure	All (n = 39,929)		<i>P</i> ^a	%	<i>P</i>
	% [†]	%			
Total sample		9.2		4.0	
<i>ACE summary score</i>			<.01		<.01
Four or more	7.6	20.9		14.2	
Less than 4	92.4	8.5		3.2	
<i>ACE categories</i>					
Parental divorce/separation			<.01		<.01
Yes	30.7	12.5		7.0	
No	69.3	7.7		2.7	
Economic hardship [¶]			<.01		<.01
Yes	24.6	15.5		7.7	
No	75.4	7.2		2.8	
Exposure to violence [#]			<.01		<.01
Yes	9.4	18.2		12.4	
No	90.6	8.3		3.2	
Household dysfunction ^{**}			<.01		<.01
Yes	19.8	17.7		10.0	
No	80.2	7.1		2.6	

Parental divorce/separation and economic hardship were fairly common among the study population (31%, 25%, respectively). For witness to violence, 9% of children were a victim of neighborhood violence or witnessed neighborhood violence and/or witnessed domestic violence. Household dysfunction was reported for 20% of children which included any exposure to household substance abuse, household mental illness, and/or parental or guardian incarceration. Preliminary analysis using chi square tests, showed that all ACE measures were associated with current anxiety and current depression among children ages 8 to 17. Children who experienced 4 or more ACEs were more likely to have current anxiety (21% vs 9%) and current depression (14% vs 3%) compared to those with fewer than four. Children who experienced parental divorce/separation and economic hardship were more likely to experience both anxiety and depression compared to those without exposure. For witnessed violence, 18% with exposure had current anxiety and 12% had current depression and among those with household dysfunction, 18% had anxiety while 10% had depression. After adjusting for confounders, exposure to all ACE measures was associated with significantly higher odds of both anxiety and depression. Compared to children exposed to fewer than 4 ACEs, children exposed to 4 or more ACEs had higher odds of anxiety (adjusted odds ratio [aOR] = 1.7; 95% confidence interval [CI], 1.4–2.1) and depression (aOR = 2.2; 95% CI, 1.7–2.9). For types of ACE exposures, economic hardship had the strongest association with anxiety (aOR = 1.8, 95% CI, 1.5–2.2) and witnessing violence had the strongest association with depression (aOR = 2.2, 95% CI, 1.7–2.9). Compared to children not exposed to parental separation/divorce, children exposed to parental separation/divorce had higher odds of anxiety (aOR = 1.3, 95% CI, 1.1–1.6), and depression (aOR = 1.8, 95% CI, 1.4–2.3). Lastly, children exposed to household dysfunction had higher odds of experiencing anxiety (aOR = 1.8, 95% CI, 1.5–2.1) and depression (aOR = 2.1, 95% CI, 1.7–2.7) compared to those not exposed to household dysfunction.

A slight increase in the odds of both anxiety and depression were found as the number of ACE exposures increased.

Exposure to ACEs was common among the study population as 8% experienced 4 or more ACEs with parental divorce/separation being the most prevalent type, which are both consistent with previous studies. Assessment of both types of ACEs and counts of ACEs showed similar results of an increasing odds of anxiety and depression. Thus, this suggests that ACE exposure may influence mental health during childhood and adolescence, not just later in adulthood.^{19–22} Of note, aside from economic hardship, all ACE exposures were found to have a stronger association with depression than anxiety. The largest difference in association was found for exposure to violence as the odds of depression were 0.6 times higher than the odds for anxiety [13].

In the research of Sorek, Y. (2019) the data showed that quality-of-life measures were on the whole high. The mean OLS was 8 out of 10 (SD = 2.27), whereas HLTW was somewhat lower although still high, 7.5 out of 10 (SD = 2.43). PWI-SC averaged close to 8 out of 10 (SD = 1.48), and on the agree/disagree scale (SLSS) the mean was nearly 4 out of 5 (SD = 0.80). The data also showed that the children's perception of the conflict intensity, their self-blame and feelings of being caught between the parents were quite low. Conversely, the degree of active coping was moderate (averaging about 3 out of 5, SD = 1.32). The mothers' perception of the parental conflict at the time of completing the questionnaire was rather low (M = 2.27, SD = 0.89, range 1–5) whereas for the period of marriage, it was scored as moderate to high (M = 3.51, SD = 1.19, range 1–5). Thus, on average, they felt that conflict intensity had diminished since the marriage period (the gap in conflict: M = -1.24, SD = 1.33, range -4 to +4).

Table 6 presents the correlations between the research variables, applying the Bonferroni criteria for multiple comparisons. The table shows that, in general, there are negative correlations between the quality of life measures and the children's perceptions of conflict intensity, self-blame, and being caught between the parents. There are positive correlations between active coping and the quality of life measures.

For all the hypotheses, the children's age and the time elapsed since divorce served as control variables. All the hypotheses were examined with the help of mixed models.

H1: Relations between intensity of parental conflict and children's evaluated quality of life. According to the first hypothesis, the more intense the parental conflict, the lower the children's assessment of their quality of life. They found general satisfaction with life to be explained by the children's perception of conflict intensity and their feeling of being caught between the parents; HLTW is explained by the children's feelings of being caught between the parents, whereas SLSS is explained by the children's perception of conflict intensity, and their feeling of being caught between the parents.

H2: Relations between the children's psychological processes and their evaluated quality of life. According to the second hypothesis, the children's psychological processes and their evaluated quality of life are related. In other words, the higher the children's reported self-blame in divorce and parental conflict, the lower their evaluated quality of life; and the more active their reported attempts to cope with the conflict, the higher their evaluated quality of life. Self-blame is negatively related to quality of life on both the PWI-SC and SLSS, whereas active coping is positively related with all the evaluations of quality of life. Thus, the second and fourth research hypotheses were corroborated.

H3: The interaction between children's psychological processes and conflict intensity as a predictor of the evaluated quality of life. According to the third hypothesis, a stronger negative relationship would be found between conflict intensity and the children's evaluated quality of life when their active coping is lower than when it is higher; and a stronger negative relationship would be found between conflict intensity and the children's evaluated quality of life when their self-blame is higher than when it is lower.

Table 6- Relations between Children's Psychological Processes & Satisfaction (N = 122)

Measure	OLS	HLTW	PWI-SC	SLSS
	B (SE) T	B (SE) T	B (SE) T	B (SE) T
Child's perception of conflict intensity	-0.61 (0.20) t(94.16) = -3.02** (p = .003)	-0.13 (0.34) t(80.70) = -0.39 (p = .698)	-0.14 (0.19) t(80.61) = -0.74 (p = .463)	-0.37 (0.08) t(79.87) = -4.66*** (p < .001)
Gap in mother's perception of conflict intensity at questionnaire completion and during marriage	-0.33 (0.21) t(62.45) = -1.60 (p = .114)	0.10 (0.25) t(51.99) = 0.39 (p = .698)	0.11 (0.16) t(52.51) = 0.67 (p = .505)	-0.15 (0.07) t(50.52) = -2.25 (p = .029)
Child's feeling of being caught between parents	-0.51 (0.22) t(97.34) = -2.39* (p = .019)	-0.84 (0.33) t(81.58) = -2.54* (p = .013)	-0.40 (0.17) t(76.60) = -2.32 (p = .023)	-0.21 (0.08) t(80.79) = -2.79** (p = .006)

Note: Gap in mother's perception is a family-level variable; the other variables are at the individual child level; *p < .05, **p < .01, ***p < .001

They found that when the children's active coping is low, the more intense they deem the parental conflict, the lower their general satisfaction with life. When the children's active coping is high, no association is found between their perception of the conflict intensity and their general satisfaction with life. In other words, it is reasonable to assume that a high degree of active coping with the conflict serves the children as a resource protecting them from the negative repercussions on their quality of life that stem from intense conflicts [11].

In the research of Martinez (2023) it was observed that, to test the hypothesis that children of divorce have lower emotional adjustment and emotion regulation an independent sample t-test was conducted in SPSS.

To test the effect of other outside factors also affect a child's emotional development an independent sample t-test was conducted on SPSS. The results show that divorce does have a significant effect on emotional adjustment; emotional adjustment was measured thoroughly by giving the participant a wider variation of responses to ensure the most accurate representation of the participant. Divorce did not have a significant effect on emotion regulation and coping skills. This means the main hypothesis is partially supported as there is a significant effect on emotional adjustment and not on emotion regulation. The results did not support the secondary hypothesis that gender and having sibling affects emotion regulation and emotional adjustment [20].

In the research of Öztürk Serter, G., & Balcı Çelik, S. (2023) it was observed that, the Mann-Whitney U test results found in Table 7 show that the difference between the post-test score averages of the divorce adjustment levels of children in the experimental and control groups is significant at 0.001 level. This finding suggests that psycho-educational programmed based on structured play therapy is effective in increasing children's level of adjustment to divorce. When the depression scores were examined, it is observed that the difference between the post-test point averages regarding the depression levels of the children in the experimental and control groups is not significant at 0.05 level. However, it was determined that the post-test averages regarding the depression level of the children in the experimental group in which the psycho-education programmed was applied was lower than the control group.

Table 7- Mann-Whitney U test results regarding divorce adjustment and depression post-test scores

Test	Group	n	Ranking Average	Ranking Sum	U	Z	p
D. Adjustment	Experimental	8	12.50	100.00	.000	-3.366	0.001**
	Control	8	4.50	36.00			
Depression	Experimental	8	7.63	61.00	25.000	-.740	0.460
	Control	8	9.38	75.00			

However, follow-up test scores regarding the depression levels of the children in the experimental group, in which the psycho-education programmed is applied, seems to be lower than the control group. In other words, it can be said that the applied psycho-education programmed is effective in reducing the depression levels of the children in the experimental group. The results of the Friedman Two-Way ANOVA test carried out in order to determine whether there is a significant difference between the repeated measures of the children in the experimental group are given in Table 8.

Table 8- Results of the Friedman two-way ANOVA test on divorce adjustment and depression pre-test, post-test, and follow-up test scores of children in the experimental group

Test	Measurement	<i>n</i>	Ranking Average	X^2	<i>p</i>
D. Adjustment	Pre-Test	8	1.00	12.452	0.002**
	Post-Test	8	2.44		
	Follow-up Test	8	2.56		
Depression	Pre-Test	8	2.94	14.552	0.001**
	Post-Test	8	1.94		
	Follow-up Test	8	1.13		

Divorce, which is a very traumatic event especially for children can cause serious emotional distress in children. Children often react to the event of divorce with feelings such as anger, fear, depression and guilt. One of these studies, which was carried out by Burroughs, Wagner, and Johnson involving 21 children aged between 7 and 17 years, aimed to compare children's adjustment to divorce before and after therapy and their information about divorce procedure. As a result of the study in which the effect of two different approaches including "board games" and "conventional play therapy" were also examined, the adjustment of the children in both groups to the divorce after therapy showed a significant difference compared to the pre-therapy period. As a result of the study, it was concluded that short-term structured play therapy was effective in ensuring the adjustment of female children to the divorce. In addition to these studies, there are also other studies in the literature concluding that psycho-education programmes caused a significant difference on the depression levels of children. In a study conducted by Zubernis, Cassidy, Gillham, Reivich, and Jaycox (1999), they examined the effectiveness of the Children's Depression Prevention Program, which is based on the cognitive-behavioral approach, for 28 children whose parents are divorced and for 31 children whose parents are together. As a result of the study, it was determined that the program in question was effective in reducing the depression levels of both divorced family children and other children whose parents are together [12].

In the research of Karami et al (2012) it was observed that, according to results obtained from Significant difference between weighted mean of participant's depression scores based on their membership in Covariance analysis, there exists a meaningful relationship between pre-test and post-test scores ($P < 0.01$). By omitting the effect of all control variables, there is either Control or Test groups ($P < 0.01$). Therefore, the main premise is confirmed and it can be concluded that group consultancy with cognitive-behavioral approach affects test group members positively. The difference is equal to 85.5%. Statistical power which is equal to 1 and statistical significance that is equal to zero show the high accuracy level of this test and sufficiency of sample numbers. Group consultancy with cognitive-behavioral approach is being known as a helpful method for quelling psychic disorder such as depression. Surveys have indicated that this method is one of the most effectual ways relieving depression. Among various cognitive viewpoints, Beck's cognitive distortion model is the most fundamental and influential cognitive approach in the context of depression. As Beck believes, depression is a disorder in thinking not temperament. He also agrees with a two-way relationship between thought and temperament. Depressed and distraught people have a bias perception about different matters and their logical reasoning about problems are wrong or ambiguous. These people suffer from a low level of self-esteem and a negative self-image as a result of tendency to compare themselves with other people and attributing all their miseries to their personality defects. This negativism involves person himself, future and environment (cognitive triangle). Beck believes the only way of relieving depressed people is to help the patient to test his/her thoughts and discover wrong parts of them [14].

4- Conclusions

- Findings suggest a possible recent increase in anxiety and depression among ages 8 to 17 and demonstrate an association between ACEs and both internalizing behaviors.
- Differential impacts of ACEs on anxiety and depression were found highlighting the importance of assessing the causes of internalizing behaviors separately.
- Parental conflict (from both the children and parents' perspective), perceived gap in conflict intensity between marriage and divorce (from the parents' perspective) and high self-blame were negatively associated with the children's evaluations of their quality of life, whereas active coping was positively associated with it.
- The results show that divorce does have a significant effect on emotional adjustment; emotional adjustment was measured thoroughly by giving the participant a wider variation of responses to ensure the most accurate representation of the participant. Divorce did not have a significant effect on emotion regulation and coping skills.
- The psycho-education programme developed based on structured play therapy was effective in increasing divorce adjustment levels of 9–12-year olds children whose parents divorced and reduced their depression levels. It is believed that this programme, which is based on the structured play therapy, will contribute to the children with divorced parents in their lives after divorce procedure by helping them comprehend the event of divorce which is a sudden and compelling experience that completely changes their lives and teaching the skills of coping with emotions such as guilt, anger and sadness.
- Counseling with a cognitive-behavioral approach has a positive effect on children of divorce reducing depression. ($P < 0.01$).

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