

## CHILDREN OF DIVORCE IN AN OUTPATIENT PSYCHIATRIC POPULATION

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*In a review of the records of some 400 children referred for outpatient psychiatric evaluation, children of divorce appeared at nearly twice the rate of their occurrence in the general population. Age and sex of the child patient were found to relate substantially to parental status, and to be significantly associated with type of presenting symptom. It is suggested that earlier research into the relationship between symptomology and history of divorce may have been marred by failure to take into account age and sex factors.*

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**A**s the rate of divorce has climbed, increasing attention has been paid to the potential for psychiatric casualties among children of divorce. It has been estimated that more than sixteen percent of all children in the United States under the age of eighteen have experienced a parental divorce.<sup>1,2</sup> In the mid-1970s, that may well be a conservative figure, and there are no signs of this percentage declining in the foreseeable future.

To assess the special developmental vicissitudes experienced by children whose parents divorce, several investigators have examined the incidence of

divorce in child psychiatric populations, and the problems that seem to characterize these youngsters.<sup>5, 6, 8, 9, 13</sup> The reported rate of occurrence of children of divorce in such populations ranges from eight percent to 28%, with a median of fifteen percent. Generally, the more recent the data, the higher the percentage, probably a reflection of the rising divorce rate in the population at large. These studies have also found that 1) the proportion of male and female patients among children of divorce is approximately equal to that among child patients from intact families;<sup>5, 6, 9</sup> 2) there is a higher rate of delinquency

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and antisocial behavior among children of divorce than among children from intact households;<sup>5, 9</sup> 3) depression is more commonly seen among children of divorce than in those who have not experienced a parental divorce;<sup>5</sup> 4) there is a *lesser* incidence of anxiety, neurotic symptoms, and habit formation problems, *e.g.*, sleep and feeding disturbances, among children of divorce compared to children of intact homes,<sup>9</sup> and 5) children with enuresis occur relatively more frequently among children of divorce than among those from intact families.<sup>6</sup> These results suggest that, among children experiencing emotional and behavioral problems, those whose parents have divorced may be especially prone to developing certain types of developmental disorders while being relatively free from others.

Despite the increasingly widespread occurrence of divorce, and the subsequent impact of this phenomenon on child psychiatric agencies, only the five studies cited represent major systematic, quantitative attempts to compare children of divorce and children from intact families as they occur in child psychiatric populations. While they have shed light on the special kinds of difficulties manifested by children of divorce, these investigations suffer from two potentially serious methodological drawbacks.

First, of the two most extensive efforts,<sup>5, 9</sup> one explicitly grouped together, for purposes of data analyses, children from intact families with children whose biological parents were divorced but who lived in a stepparent family created by a subsequent marriage.<sup>5</sup> The other study<sup>9</sup> appears to have followed this procedure as well, but the report is less clear in this regard. When the sample is constructed in this way, some of the chil-

dren in a "parents *not* divorced" group have indeed experienced a parental divorce. Differences between children who have experienced a parental divorce and those who have not may be seriously masked by this kind of heterogeneity in the "intact household" group.

A second methodological problem is the failure of previous studies<sup>5, 6, 8, 9, 13</sup> to control simultaneously for both the age and sex of the child patients. The absence of attention to these two important variables, or at best considering them separately rather than interactively, can easily lead to major errors in inference. To illustrate, suppose that certain important differences in emotional problems exist between preschool boys whose parents are divorced and preschool boys who have not experienced a parental divorce, but that these specific differences do not obtain for girls of any age or for older boys. This potential finding could well remain undiscovered in the less focused, overall analysis of a sample composed of boys and girls of all ages. Conversely, a significant finding based on data analyses that do not simultaneously consider age and sex can lead to the inference that what was found holds across the board for boys and girls at different developmental levels. It is possible that what was discovered actually pertained only to latency-age girls, but because the finding was sufficiently powerful, it surfaced in an analysis of the full sample. In these ways, failure to control for age and sex can easily result in some important findings being obscured while others are generalized inappropriately.

Finally, our information concerning comparisons between children of divorce and children from intact households in a psychiatric population is in need of updating. The most recent of the two

large-scale studies in this area was conducted on data that are now more than ten years old. Social changes since then may be reflected in the rate of occurrence of children of divorce in child psychiatric populations, the types of problems with which these youngsters are struggling, or both.

This study will compare children of divorce, those currently in one parent families *as well as* those with a stepparent, to children who have never experienced a parental divorce and are living at home with both biological parents. It will consider the relative rates of occurrence of these two groups in an outpatient child psychiatric population. In addition, children whose parents are separated, in a predivorce stage, will constitute another group of interest. Specific difficulties manifested by each group will be examined, controlling for both age and sex of the child patient, to determine if sex-related developmental trends are evident.

#### METHOD

The sample consisted of the first 400 children referred to the Youth Services of the Department of Psychiatry, University of Michigan, beginning in October 1974, and extending through July 1975. The Youth Services consists of a child inpatient program, an adolescent inpatient service, a day treatment service for children, and an outpatient department. The latter evaluates and treats children up to the age of seventeen and their families.

The majority of patients come from Washtenaw and Wayne Counties, which represent a mix of urban and rural settings. Approximately fifteen to twenty percent of the families seen are of relatively low socioeconomic status and are

receiving public assistance,<sup>7</sup> while the bulk of the rest are from the middle and lower-middle classes.

Intake records filled out by psychiatric social workers and psychiatry residents constituted the data for this study. Of the first 400 cases referred, 387 had completed intake records. Age and sex of the designated child patient, parental status, and presenting symptoms were taken from these records. The parental status variable consisted of five categories: intact family, both biological parents at home; biological parents divorced, one parent at home; biological parents separated, one parent at home; biological parents divorced, child living with one biological parent and a stepparent; and other children whose family situation fit none of these conditions, *e.g.*, adopted children, children who experienced the death of one or both parents, etc.

Fifteen symptom categories were constructed, based in part on their use in previous studies<sup>5, 6, 8, 9, 13</sup> and in part on the author's clinical experience:

1. Aggression toward parents, *e.g.*, physical attacks, pronounced verbal abuse.
2. Aggression toward siblings, *e.g.*, physical attacks, intense teasing.
3. Aggression toward peers, *e.g.*, fighting.
4. Drug abuse, *e.g.*, overdose, caught using drugs by parents or teachers.
5. Alcohol abuse, *e.g.*, parent or school report of excessive alcohol use.
6. Danger to self, *e.g.*, suicide attempt or gesture, dangerously accident prone.
7. Conflict with the law, *e.g.*, arrested, warned of arrest when shoplifting.
8. Sexual behavior, *e.g.*, sexual intercourse, public masturbation, fellatio.
9. Runaway, *e.g.*, running away from home for at least one full night.
10. Enuresis *e.g.*, bedwetting presented by parents as a major problem.

Table 1  
 PERCENTAGE OF CASES IN FIVE PARENTAL STATUS CATEGORIES BY SEX AND AGE

CATEGORY	FULL SAMPLE	SEX		AGE		
		BOYS	GIRLS	UNDER 7	7-11	12 & UP
Divorced	18.1%	18.3%	17.7%	14.3%	20.5%	18.4%
Separated	8.8	8.9	8.5	17.6	12.3	1.7
Stepparent	14.5	10.9	21.5	9.9	13.1	17.8
Intact Family	41.6	45.1	34.6	40.7	38.5	44.3
Other	17.0	16.7	17.7	17.6	15.6	17.8
	(N=387)	(N=257)	(N=130)	(N=91)	(N=122)	(N=174)

11. Encopresis, *e.g.*, soiling presented by parents as a major problem.

12. Physical illness, *e.g.*, diabetes, heart damage, tumor, etc.

13. Somatization, *e.g.*, headaches and stomachaches with physical examination negative.

14. School problems, academic or behavioral, *e.g.*, behind academically, hard to discipline.

15. Subjective psychological symptoms, *e.g.*, nightmares, verbalized feelings of lack of self-worth, phobias.

The narrative portion of the intake record was coded to these fifteen categories on a present-absent basis. The two coders were instructed to code only what was clearly stated in the record and to refrain from inferring the existence of problems.

## RESULTS

The most general question that can be asked of these data concerns the rates of occurrence in a child psychiatric population of youngsters from the four previously delineated parental backgrounds plus the "other" category, and whether sex and age of the child patients are related to any differences in these rates. A second sphere of inquiry addresses the relationship between the status of the patient's parents and the

type of presenting problems with which the child appears at the clinic. Each of these issues will be examined in turn.

### Rate of Occurrence

TABLE 1 represents the percentage of cases in each of the five parental status categories, broken down by sex and by age of child patients. It can be seen that 32.6% of the children in the sample have experienced a parental divorce, with 18.1% currently in a one-parent family and 14.5% in a stepparent home. This is *twice* the rate of occurrence of children of divorce in the general population.<sup>12</sup> Even if one assumes that the rising divorce rate may result, in 1974-75, in as many as twenty percent of all the children in the United States having encountered parental divorce, the figure of 32.6% in this sample is still strikingly high ( $t=6.21$ ,  $df=386$ ,  $p<.001$ ).

Equally impressive is the percentage of children who clearly have experienced serious parental disharmony. In addition to the 32.6% whose parents divorced, 8.8% have parents who are separated and for whom parental divorce may well be in its early stages. Taken together, these groups constitute fully 41.4% of our sample.

A comparison of the rates of occurrence of the parental status categories in the female and male subsamples reveals two significant differences. First, a significantly lower proportion of the female patients came from intact homes ( $\chi^2 = 3.94$ ,  $df = 1$ ,  $p < .05$ ). Second, there is a significantly higher relative frequency of girls from stepparent households as compared to boys in this category ( $\chi^2 = 7.90$ ,  $df = 1$ ,  $p < .005$ ). Over one-fifth of all girls in the sample were living in a stepparent circumstance subsequent to a parental divorce, the vast majority (82%) with a stepfather.

The sample also was divided according to the age of the child patient. Two trends were evident when the data were cast in this way. First, children from homes in which the parents were separated comprised successively smaller proportions of the subsamples of older children, and, second, children from stepparent homes were increasingly more prevalent among the subsamples of older children. These findings reflect the likelihood of divorce taking place when children are young and remarriage, obviously, when they are older.

These figures suggest that children of divorce appear for psychiatric treatment in larger numbers than we might expect from their representation in the general population. While no sex differences emerged with respect to the occurrence of children from single-parent homes resulting from divorce, a finding consistent with earlier research,<sup>5</sup> there was a marked relation between sex of the child patient and the stepparent category. It appears that living in a stepparent household, typically with a stepfather, subsequent to a divorce, constitutes an especially stressful life circumstance for girls.

### *Presenting Symptoms*

TABLE 2 indicates the percentage of children in each of the parental status categories manifesting specific presenting complaints. The figures pertain to the total sample, with neither age nor sex controlled. These data reveal that children of divorce living in single-parent homes did not differ at all in presenting symptoms from children of divorce living in a stepparent family. However, significantly higher proportions of children from both the divorced single-parent groups exhibited overt aggression toward parents and sexual behavior problems, as compared to children from intact families. There was also a significantly higher rate of drug involvement and a lower rate of subjective psychological symptoms among those in the stepparent group than among those from intact homes. If one considers drug involvement and sexual activity as indicative of delinquent or antisocial behavior, then these findings are consistent with those of earlier published research.<sup>5, 9</sup>

Children in one-parent households in which the parents were separated showed a significantly lower rate of sexual behavior problems and school problems than did youngsters in the divorced and stepparent groups. The children of separated parents, when compared with those from intact families, showed more aggression towards parents, and fewer subjective psychological symptoms.

The relationships between parental status and presenting symptoms for the total sample support previous research findings. The specific phenotypes of delinquent and antisocial behavior referred to in earlier reports are, today, drug involvement and sexual behaviors. In addition, among youngsters referred for

Table 2

## PRESENTING SYMPTOMS EXHIBITED BY PATIENTS IN FOUR PARENTAL STATUS CATEGORIES

SYMPTOMS <sup>a</sup>	D	S	SP	I	SIGNIFICANT FINDINGS <sup>b</sup>
1. Aggressive to parents	24.3%	32.4%	30.4%	8.7%	D,S,SP>I <sup>c</sup>
2. Aggressive to siblings	10.0	5.9	16.1	8.7	
3. Aggressive to peers	18.6	23.5	21.4	13.0	
4. Drugs	11.4	0	17.9	5.6	SP>I <sup>d</sup> ; SP>S <sup>e</sup>
5. Alcohol	7.1	0	5.4	1.9	
6. Danger to self	8.6	8.8	12.5	13.7	
7. Conflict with law	17.1	5.9	14.3	10.6	
8. Sexual behavior	14.3	0	12.5	5.0	D>I <sup>d</sup> ; SP,D>S <sup>d</sup> ; SP>I <sup>e</sup>
9. Runaway	2.9	0	19.6	3.7	
10. Enuresis	2.9	0	1.8	5.6	
11. Encopresis	7.1	2.9	1.8	4.3	
12. Physical illness	4.3	8.8	10.7	15.5	I>D <sup>d</sup>
13. Somatization	1.4	8.8	3.6	6.8	
14. School problems	65.7	44.1	78.6	65.8	D,I>S <sup>d</sup> ; SP>S <sup>e</sup>
15. Subjective symptoms	38.6	29.4	26.8	47.8	I>S <sup>d</sup> ; I>SP <sup>e</sup>
	(N=70)	(N=34)	(N=56)	(N=161)	

CODE: D=Divorced; S=Separated; SP=Stepparent; I=Intact. Figures for the "other" category are omitted; it is a markedly heterogeneous group, and comparisons seem of little value.

<sup>a</sup> Since children often presented more than one complaint, each of the columns totals more than 100%.

<sup>b</sup> When expected frequencies were greater than 5 in all four cells of a 2x2 table, the usual chi-square test was performed; if one cell had less than 5 expected frequency, chi-square with the Yates' correction for continuity was used; in all other instances, significance was determined using the Fisher Exact Test.

<sup>c</sup> Significant at the .01 level.

<sup>d</sup> Significant at the .05 level.

psychiatric treatment, a highly charged, hostilely-embued relationship with parents appears to be a special difficulty associated with children of divorce and those whose parents are separated, a finding not emphasized in the major research efforts in this area.

As noted, the foregoing analysis does not take into account the sex and age of the child patient. In order to investigate possible associations between parental status and presenting complaints, holding age and sex constant, the total sample of 387 children was divided into six subsamples by crossing sex of child with three age groupings—under seven years old, seven to eleven, and twelve and over. Thus, boys under seven

years old constituted one such subsample, girls under seven another, boys between seven and eleven still another, and so forth. Analyses similar to the ones carried out for the data presented in TABLE 2 were performed on each of the six subsamples.

A summary of the significant findings for the subsample analyses are presented in TABLE 3. As can be seen, taking into account the age and sex of the child patient reveals a pattern of relationships that differs in several important respects from the results of the overall analyses shown in TABLE 2.

For those patients under seven, only one finding approached statistical significance—a higher proportion of boys

Table 3

SIGNIFICANT RELATIONSHIPS BETWEEN PARENT STATUS AND PRESENTING SYMPTOM FOR SIX SUBSAMPLES

SYMPTOM	BOYS			GIRLS		
	Under 7	7-11	12 & Up	Under 7	7-11	12 & Up
Aggressive to parents		D>I <sup>a</sup>	SP>I <sup>b</sup>			SP>I <sup>a</sup>
Aggressive to siblings		D>I <sup>b</sup>				
Aggressive to peers						SP>I <sup>b</sup>
Drugs						SP>I <sup>b</sup>
Conflict with law			SP <sup>b</sup> ,D <sup>c</sup> >I			
Sexual behavior						SP>I <sup>b</sup>
Runaway						SP>D <sup>b</sup>
Medical problems			I>D,SP <sup>c</sup>			
School problems	I>D <sup>a</sup>					
Subjective symptoms				D>I <sup>b</sup>		I>SP <sup>a</sup>

CODE: D=Divorced; SP=Separated; I=Intact.

<sup>a</sup> Significant at the .10 level.<sup>b</sup> Significant at the .05 level.<sup>c</sup> Significant at the .01 level.

from intact families had school problems than did boys from divorced one-parent homes. Although it appears that parental status and presenting problems are essentially unrelated for patients under seven years old, it is important to recognize that the relatively small numbers of youngsters in the parental status categories within these two subsamples permit only the most marked differences among parental status groups to reach statistical significance. For example, in the two subsamples of children under seven, boys and girls, the proportion of children exhibiting aggression toward parents was over twice as high in the divorced single-parent than in the intact family group, a finding that did not achieve statistical significance.

Among boys between seven and eleven, a significantly higher proportion of those from divorced one-parent households manifested aggression toward parents and toward siblings than did those

from intact homes. The only significant finding concerning girls in this age range showed subjective psychological symptoms to be associated more frequently with daughters of divorced single-parents than girls from intact families. Again, the small numbers of children in these subsamples worked against statistically significant findings. Twenty-nine percent of the girls seven to eleven years old from one-parent homes due to divorce manifested aggression toward a parent as a major presenting complaint, while none of the girls this age from intact families came with this presenting problem, a finding that again did not reach statistical significance.

Clearly the most striking findings existed in the third age group, children twelve and over. A significantly greater proportion of boys with stepparents manifested aggression toward parents and conflict with the law than did boys from intact families, while the latter had

a higher rate of medical problems than the former. Similarly, a significantly higher percentage of sons of divorced single-parents had conflict with the law, and a significantly lower percentage had medical problems, when compared to boys from intact households. A noteworthy finding, which fell short of statistical significance, was that the rate of occurrence of subjective psychological symptoms in the intact family group was approximately double the level found in the two children of divorce groups (stepparent and single-parent households).

Even more marked differences were present in the subsample of twelve-and-over girls. Those with stepparents had significantly higher incidences of aggression toward parents, aggression toward peers, sexual behavior, drug involvement, and school related difficulties than did girls from intact families. And these differences were compelling. For example, among girls in the stepparent group, 35% manifested aggression toward parents as a major complaint, 41% had drug involvement, and 47% sexual behavior problems; corresponding figures for girls from intact families were 4%, 7%, and 11% respectively. While divorced one-parent versus intact family group comparisons did not achieve statistical significance, it is important to note that in the twelve-and-over subsample, incidence of aggression toward parents and toward peers, drug involvement, alcohol use, and sexual behavior problems were each at least two-and-a-half times greater among the daughters of divorced single-parents.

## DISCUSSION

The incidence of children of divorce in our child psychiatric population was

strikingly high, nearly one-third of all youngsters referred to the clinic having experienced a parental divorce. This finding suggests that children whose parents divorce may be especially vulnerable to the types of developmental conflicts that eventuate in psychiatric referral. The parental discord that precedes the divorce, which Despert has aptly termed the "emotional divorce;"<sup>2</sup> the continuation of parental hostilities following divorce, often with the children either pawns or active combatants in the struggle;<sup>1</sup> and the experience of loss when one parent leaves the household<sup>2, 8, 12</sup> are all factors that have been seen as salient in attempting to understand the nature of the stress with which the child of divorce must contend. These parameters of divorce may well serve to increase substantially the vicissitudes of adaptively negotiating the multitude of developmental tasks confronting a child.

The high rate of occurrence of girls from stepparent, typically stepfather, homes subsequent to divorce indicates that girls whose divorced mothers remarry could constitute a group of children who are particularly at risk. Over one-fifth of all girls referred for evaluation, about double the rate for boys, came from a stepparent household with a divorce in the background. This family constellation has been noted by others<sup>3</sup> to be a potentially explosive one, perhaps in part due to the lack of the incest barrier between stepfather and daughter.

An examination of the relationship between parental status and presenting symptoms, without age and sex of child taken into account, yielded results consistent with earlier research. Children in one-parent homes due to divorce had



significantly higher rates of delinquent behavior of a particular type, sexual activity, than did children from intact households. Children who had experienced a divorce and were currently in a stepparent family situation also showed more delinquent behavior, specifically sexual activity and drug involvement, and fewer occurrences of subjective psychological symptoms than did the intact family group. These findings substantially confirm the two previous large-scale investigations in this area.<sup>5, 9</sup> Additionally, overt hostility toward parents was a much more frequent reason for referral among both divorce groups—one-parent and stepparent—than among children from intact homes.

While the analyses of relationships between parental status and presenting complaints among children referred for psychiatric evaluation can serve to alert mental health professionals to the kinds of issues with which children of divorce may be struggling, and the special vulnerabilities of these youngsters to developing certain developmental difficulties, one can be misled by results that fail to take into account the age and sex of the child. Several examples of this pitfall are available when the results of the age-sex subsample analyses are compared with the full sample findings. In the overall sample there was a significantly higher incidence of sexual behavior, as a presenting complaint, in both divorce groups than in the intact family group. When age and sex of the child patient were controlled, it became apparent that the only differences among parent status groups in the incidence of sexual behavior was in the twelve-and-over subsample of girls. These differences were so striking that they led to statistical significance in the full sample compari-

son among groups, despite the absence of this relationship in five of the six subsamples.

In a similar vein, several differences emerged in the full sample between youngsters whose parents were separated and those in the other three groups (divorced single-parent, stepparent subsequent to divorce, and intact family). When age and sex were taken into account, these differences vanished. Since almost all patients whose parents were separated were under twelve, and many under seven, comparisons between this group and the other groups were confounded by different distributions of ages within the parent status categories. For example, the findings that there were lower rates of drug involvement, sexual behavior, and school problems in the group of patients who were children of separated parents than among the children in some of the other groups can be explained by the lower incidence of these problems generally among preadolescent children, especially among preschoolers.

Conversely, several relations between parental status categories and presenting problems that were not revealed in the full sample analyses emerged in the more refined subsample investigations. Examples include the higher rate of subjective psychological symptoms among girls between seven and eleven from divorced one-parent households as compared with girls of the same age-group from intact households, and the greater incidence of conflict with the law among boys twelve-and-over from divorced one-parent homes than among boys twelve-and-over from intact families.

Previous research concerning children of divorce in psychiatric popula-

tions may suffer from these kinds of potential errors in inference—on the one hand, generalizing results of full-sample analyses to subsets of the sample in which the relationships may not obtain; on the other hand, failing to uncover important relationships that exist for certain subgroups of children.

Clinically, it is apparent that the observable expression of conflict is in large measure determined by both the sex and the developmental level of the child. The only finding that consistently appeared across nearly all subsamples was the greater tendency of children of divorce—those in single-parent as well as those in stepparent families—to manifest aggression towards parents, as compared to children from intact families. Among boys from divorced one-parent homes, this hostility appears to extend to siblings in latency, and finally is transposed outside the home in adolescence, becoming manifest in encounters with the law rather than in battles with parents. Boys who, subsequent to divorce, find themselves in a stepparent setting appear to curtail hostility toward parents during latency, but renew this struggle again in adolescence, while at the same time extending the battleground into the community and coming into conflict with legal authorities. It is as though the reconstituted family situation either reduces the latency-age boy's anger or serves to control it, perhaps when an adult male is again available in the home to set limits. But this often does not provide a stable, lasting resolution, and hostilities reemerge in adolescence.

Girls whose parents are divorced also express their conflicts in action, initially in a way similar to boys, namely in battles with their parents. In latency, a

trend emerges among those living with a single-parent, which is not found in the equivalent male subsample, although aggression toward parents is also present; there is a higher incidence of subjective psychological symptoms among girls from intact families. By adolescence, girls from both single-parent and stepparent divorced groups showed much higher rates of reported sexual behavior and drug involvement, as well as marked hostility toward parents. The impression one gets is that, in the divorced groups, the adolescent girls in our sample seem to be in considerably more turmoil and are acting in more self-destructive ways than their male counterparts; this seems most pronounced among girls living in a stepparent situation.

Although this paper has focused on age-related and sex-related difficulties encountered by children of divorce, a major developmental question remains. The age of the child *at the time of divorce*, an issue not addressed here, would seem to be a potentially critical factor in both the nature of the child's reactions to divorce and his capacity to cope with them. This parameter has only recently become a focus for investigation,<sup>4, 10, 11</sup> and considerably more work lies ahead.

Another area likely to be critically important in understanding a child's reaction to divorce is the degree of psychological disturbance evidenced by his parents. Preliminary work in this much neglected realm of inquiry indicates that major emotional instability of parents is more prevalent among children of divorce than children of intact households in an outpatient child psychiatric sample.<sup>6</sup>

Of special interest to those aiming at

developing preventive, early intervention methods for helping children to deal appropriately with parental divorce is the study of well-functioning, nonpsychiatric populations of children of divorce and their parents. Parents who have helped their children to negotiate successfully this upsetting, potentially traumatic event most likely have a myriad of creative methods and strategies to offer others who are struggling with the painful, often bewildering series of highly personal events that we lump under the legal term, divorce.

#### SUMMARY

A total of 387 intake records of children referred for psychiatric evaluation were examined in order to determine the rates of occurrence of children from various parental status groups and to investigate possible relationships between parental status and presenting symptoms. Children of divorce constituted nearly one-third of the referrals, a substantially higher figure than the occurrence of these youngsters in the general population. Including as children of divorce those currently in stepparent households who had experienced a parental divorce earlier, provided a more accurate picture of the prevalence of divorce in the history of our child patients.

Analysis of the relationship between parental status and presenting symptoms for the full sample yielded findings in substantial agreement with previous research in this area. Children of divorce had a higher rate of occurrence of antisocial, delinquent problems, specifically drug taking and sexual behavior. Additionally, it was found that children of divorce are more likely to have overt aggression toward their parents among

the reasons for referral. There were no differences in presenting symptoms between children of divorce living in one-parent and those in stepparent households.

The importance of simultaneously controlling for age and sex of the child patient was illuminated by comparing the results of the age-sex subsample analyses to what was found when the entire sample was examined without taking these two factors into account. While aggression toward parents as a major presenting symptom for children of divorce held up in five of the six subsamples, the findings concerning sexual behavior and drug involvement were limited to the adolescent female group. The rate of occurrence of these problems among adolescent girls from divorced households, compared to the girls this age from intact families, was so strikingly high that it appeared as a difference between children of divorce and those from intact households irrespective of age or sex in the full sample analysis. Conversely, several strong relationships between parental status and presenting complaints, which had not been revealed in the full sample analysis, emerged for specific age-sex subgroups of children. Controlling for both age and sex of child patients in future studies of this sort seems essential to laying bare and understanding the special difficulties children of divorce may face.

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