

Childhood Trauma in Conflicted Custody Disputes*

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“Mommy pulls me this way...

Daddy pulls me that...

Sometimes I’m so mixed up,

I don’t know where I’m at!

...sang the six-year-old girl as she did her “in the middle dance.”

Divorce is a common event in our society. Because many couples divorce with relative success, it can be difficult to relate this common event to trauma. However, when exploring highly conflicted divorce through the experiences of the children, the traumatic aspects become clear.

In a divorce, parents are often wounded in a way that triggers or re-traumatizes them at the place of their own childhood wounds. Out of their disillusionment, abandonment, betrayal, loss and fear some parents may create an emotional “war zone” for their children. Johnston and Roseby note that 1/4 to 1/3 of divorcing couples report high degrees of animosity many years after the separation. “Since approximately one million children each year experience their parents’ divorce in the United States, over a span of two decades more than five million children will be affected by ongoing parental conflict, for two million children, the condition may well be permanent.”¹

The type of psychological trauma experienced by these children does not leave a visible scar, yet it may impact their development so fundamentally that it interferes with their ability to form trusting, authentic, emotionally satisfying relationships throughout their lives. One eleven year old who had survived three years of the “divorce war” and saw no end in sight stated, “I guess my parents can’t even *try* to give me a normal childhood.”

I find Miller’s trauma model the most useful: “PTSD is a syndrome of emotional and behavioral disturbance that follows exposure to a traumatic stressor or set of traumatically stressful experiences that is typically outside the range of normal, everyday experience for that person.”² The severity of the traumatic divorce experience was not clear to me until I repeatedly witnessed the similarities of sand trays of these children to those of other children who had suffered more identifiable traumas, such as sexual and physical abuse or the death of a parent. I also learned that children of conflicted custody often suffer a series of traumatic experiences, which significantly impact their development.

Assessing for Traumatic Experiences

It is important to recognize trauma that these children have experienced, in order to develop an effective treatment plan. (These parallel Stacy Taylor’s comparison of a rape survivor and chronic illness survivor in the February 2000 Clinical Update.)

- Helplessness – they can't escape the conflict. Often the extended families are engaged as well, so they offer no respite.
- Fear that no one will care for them (often terror).
- Loss of belief in their specialness/importance in the family, and/or distorted, inflated sense of importance of their own position.
- Feeling alone and unprotected. (Older siblings often feel pressure to protect the younger ones.)
- Shame and guilt for the divorce.
- Loss of trust in the world.
- Sense of feeling blamed and embarrassed.
- Ongoing trauma – sometimes after an initial traumatic event. These children often are hypervigilant.

Common experiences or themes exhibited in the therapy sessions by these children through their creative expressive play, including sand trays and conversations:

- Confusion – what is real?
- Powerlessness and use of power.
- Types and levels of defenses.
- Safety and protection, and lack thereof.
- Annihilation vs. survival.
- Hopelessness vs. maintaining hope.
- Fear of taking sides.
- Surviving in a “war zone” of animosity and conflict.
- Trust – can anyone be trusted, including themselves.

General Treatment Approach

1. Be sensitive and supportive, as you would with any trauma victim.
2. Recognize that the child may not be able to readily trust you. Negative experiences with Mom's, Dad's, or the child's own attorney and any number of previous therapists, mediators, court evaluators or family court service investigators may interfere with your relationship.
3. Recognize that the child is likely to be despondent and in great despair. Often by the time the child's symptoms are noticed and treatment is arranged, much suffering has already occurred.
4. Help children to manage their anxiety and depression. Strategies may include: play therapy to teach safe expression of anger and sadness, self-soothing relaxation techniques such as “safe place” and utilizing their own attachment objectives, and positive self-talk.
5. Help children to feel empowered. This is very difficult to do for young children. Strategies may include: advocating for an attorney for the child and teaching the child how to assert him/herself appropriately.
Advise and assist parents to:
 - Allow and encourage their children to make choices in daily activities.
 - Allow children to initiate phone calls to the other parent.

- Encourage children to tell the parents to “stop” when they feel placed in the middle of the conflict.
 - Support the children’s developmental tasks.
 - Find a balance between supporting negative feelings about the divorce, and providing positive new experiences and ways of being together.
6. Help the child to build and encourage social support. Sometimes children are unwilling to engage socially due to the conflict it creates between or with their parents. They may reject birthday party invitations, overnights, and team sports. Educating parents and helping them to provide a structure for the child’s normal social contact is important.
 7. Be realistic but instill hope. With empathy and compassion be clear it is not your job to “fix it” or make the parents, attorney or judge do what the child wants. The situation is complex and children need to learn that they do have some options in some areas, but that there are limits about what can be done. Focus on what can be done, including their self-care and self-expression.
 8. Help the child to develop selfhood and self-esteem. For infants and young children the self development may be very damaged particularly if the separation was traumatic and the conflict high. Supporting attachment and engagement through working with the child and the parents is important.
 9. As in all treatment seek consultation for yourself and work collaboratively with the other professionals. This work is very emotionally demanding. Johnston and Roseby discuss the pull of each parent to engage professionals on “their side” against the other parent, and the counter-transference issues involved in the process. Also, Miller has a chapter addressing the issues of therapists working in this area to take steps for self-care and support.

When we consider Miller’s definition of trauma, which takes into consideration the personal everyday experience of the client, it is clear that children of conflicted custody experience traumatic events. It is important to assess for the symptoms and causes of the trauma in order to appropriately plan treatment.

References:

¹ Johnston, Janet R. and Roseby, Vivienne. *In the Name of the Child: A Developmental Approach to Understanding and Helping Children of Conflicted and Violent Divorce*. New York: The Free Press, 1997, p4.

²Miller, Laurence, Ph.D. *Shocks to the System: Psychotherapy of Traumatic Disability Syndrome*. New York: W.W. Norton & Company, 1998, p.7.

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